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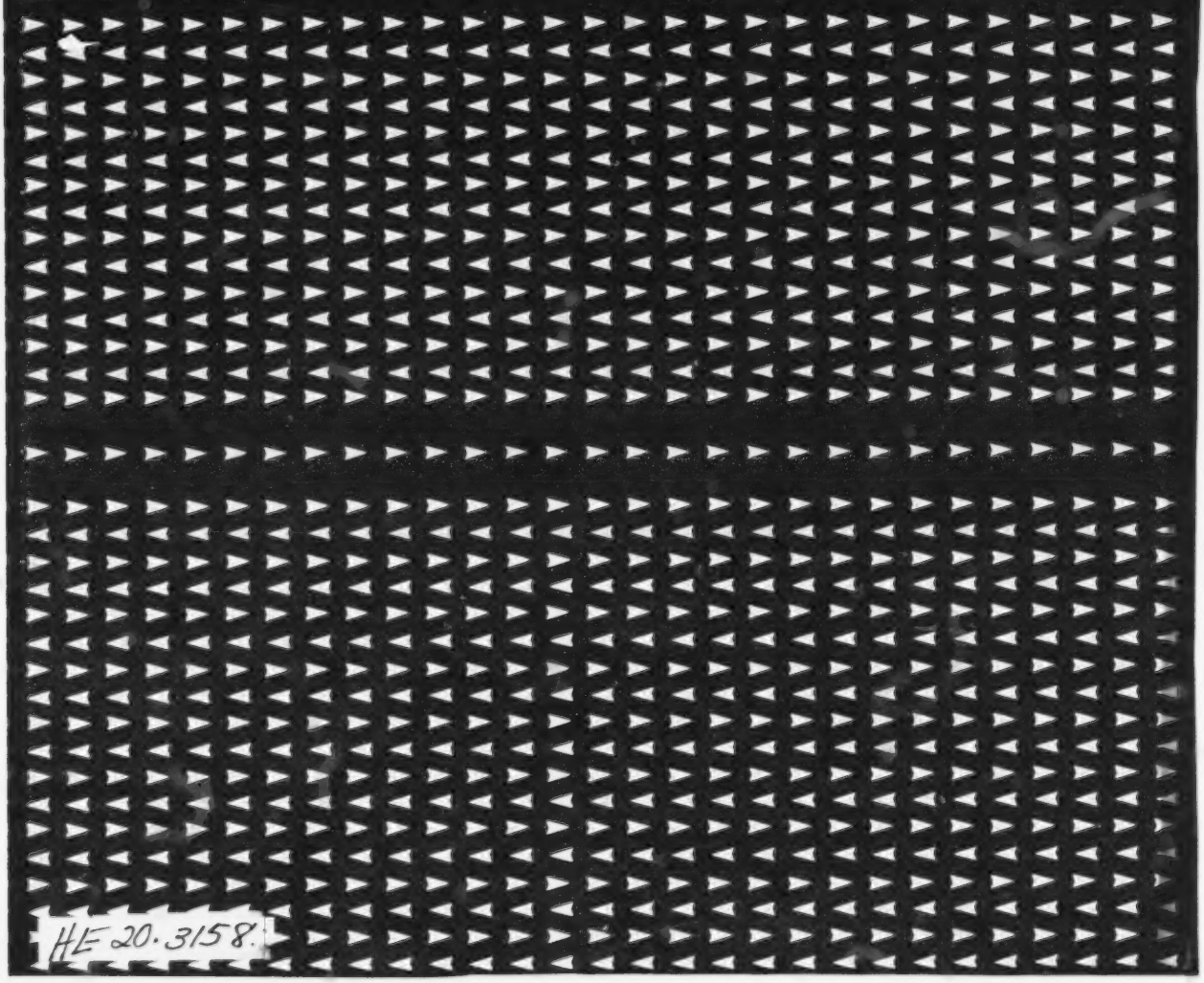
MAKING HEALTH COMMUNICATION PROGRAMS WORK

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health



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MAKING HEALTH COMMUNICATION PROGRAMS WORK

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A PLANNER'S GUIDE

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health

Office of Cancer Communications
National Cancer Institute

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April 1989

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Communication plays an essential role in disease prevention and health promotion. Programs designed to promote changes in health behaviors and to encourage early detection and prompt treatment of illness have demonstrated that mass media and other communication strategies can be effective in reducing the risk of serious illness.

Communicating effectively about health is a difficult task. Health information is often complex and technical. In addition, the information may be inconclusive, controversial, contradictory and subject to change as new research findings are released. Many diseases such as cancer are fear-arousing; individual responses may be emotional. New health information may conflict with long-held personal beliefs. As a result, the potential exists for misdirecting or alienating the public.

Careful planning and development of health communication programs are important to avoid these undesirable effects, and to assure that communication activities have the greatest potential for success.

For more than a decade the Office of Cancer Communications (OCC), National Cancer Institute, has been developing communication messages and programs for health professionals, patients, and the public. We have learned a great deal about how to develop effective communications. Over the years we have received many requests for assistance in planning programs —this guide is largely directed to the questions we have been asked.

The purpose of this manual is to learn from and share our experiences, and those of others —those who are faced with planning health communication programs. This book discusses some key principles relative to specific steps in program development, and includes examples of their use. Sources of additional information on each subject are included at the end of the chapters. A glossary, a bibliography, and other resources can be found in the appendices.

This guide expands upon and replaces *"Pretesting in Health Communications."* Information about pretesting is incorporated into this book; in addition, we hope that this new text will help explain the factors beyond materials pretesting that contribute to a successful health communication program.

To request additional copies of the guide please contact:

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Two groups of advisors were convened by the Office of Cancer Communications to help design this guide. These advisors and many others reviewed the book in draft. For their invaluable assistance, we would like to thank:

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We would especially like to thank Elaine Bratic Arkin, who was responsible for writing this book.

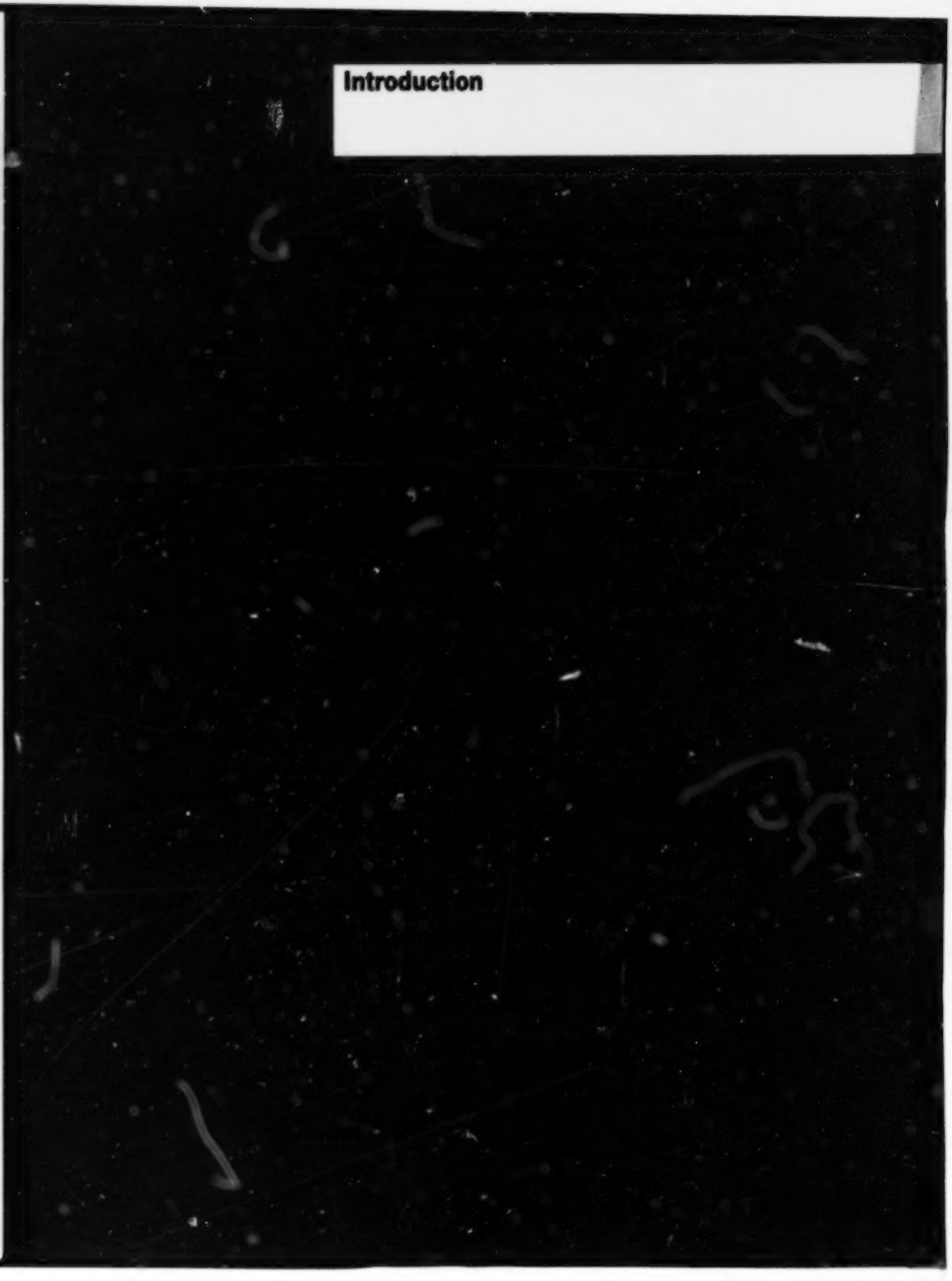
This book is designed to help professionals in health and health-related agencies communicate with the public. It offers guidance for planning a health communication program based on social marketing and other principles and the experiences of National Cancer Institute staff and other practitioners. It is designed to help you identify what to do and why—and where to go for assistance.

An overview of each step in program development is included in the section entitled "The Health Communications Process" (pages 5-6). This section has been designed so that you can duplicate and share it, use it to substantiate your program plans, or to increase the awareness of your own staff.

Each chapter subheading lists what is covered within—to help you select those sections that relate to a specific task you face. Checklists and planning questions are included to help you shape your tasks, and the selected readings at the end of each chapter direct you to more complete information about specific subjects. The Appendices include a glossary and other sources of planning and health-related information. Sample forms, questionnaires, and a theater test methodology are also included to help you in developing your own pretests.

We request suggestions you may have for future editions of this guide; a comment form is on the last page of this guide. We welcome your comments.

Introduction



Introduction

The Role of Communication in Disease Prevention and Control

In 1980 the Department of Health and Human Services published the *Objectives for the Nation, 1990*. These health objectives, compiled by groups of experts addressing 15 priority areas, projected an improvement in our national health status that could be reached by 1990 if current knowledge were to be applied. Better use of existing health knowledge requires communication among health care and social service professionals, related organizations, government agencies, the private sector, and individual citizens. In fact, communication between leaders in health, education, industry, labor, community organizations and others was cited as essential in reaching the 1990 objectives. Health communication programs can be designed to inform, influence and motivate institutional or public audiences.

Communication can:

- increase awareness of a health issue, problem or solution
- affect attitudes to create support for individual or collective action
- demonstrate or illustrate skills
- increase demand for health services
- remind about or reinforce knowledge, attitudes or behavior.

Health communication programs cannot:

- compensate for a lack of health care services
- produce behavior change without supportive program components
- be equally effective in addressing *all* issues or relaying *all* messages.

Therefore, communication should be included as one component in programs designed to address a health problem.

Relevant Health Education, Mass Communication and Social Marketing Theories, Models and Practices

The National Cancer Institute has incorporated aspects of various communication models, theories and practices into its planning process. Each discipline offers a different perspective on the consumer and the steps leading to behavior change. For example, *social marketing* practice considers the perceptions and perceived needs of the target audiences as an essential element of planning. *Health education* models involve an exploration of the components of behavioral intention that will influence an individual's willingness to act. *Mass communication* theories help explain factors that influence message transmission between the source and the target audience and the expected effects. Summarized below are some of the theories, models and practices that have been applied in developing this guide.

Social Marketing

Social marketing models, first articulated by Philip Kotler and based on commercial marketing practices, show that the consumer (target audience) should be the central focus for planning and conducting a program. The program's components focus on the:

- *price*—what the consumer must give up in order to receive the program's benefits. These "costs" may be intangible (e.g., changes in beliefs or habits) or tangible (e.g., money, time or travel)
- *product*—what the program is trying to change within the target audience
- *promotion*—how the exchange is communicated (e.g., appeals used)
- *place*—what channels the program uses to reach the target audience (e.g., mass media, community, interpersonal)

The formulation of price, product, promotion and place evolves from research with the consumer to determine what benefits and "costs" they would consider acceptable, and how they might be reached. Lessons learned from social marketing stress the importance of understanding the target audience and designing strategies based on their wants and needs rather than what good health practice directs that they "should" do.

Behavioral Intentions

Studies of behavioral intentions suggest that the likelihood of the target audience adopting a desired behavior can be predicted by assessing (and subsequently trying to change or influence) their attitudes toward and perceptions of benefits of the behavior, along with how they think that their peers will view their behavior. Research by Fishbein and Ajzen support the idea that an individual's, and society's (perceived) attitudes are an important predecessor to action. Therefore, an important step toward influencing behavior is a preliminary assessment of target audience attitudes, and subsequent tracking to identify any attitudinal changes.

best copy available

Communications for Persuasion

William McGuire has described the steps an individual must be persuaded to pass through in order to assimilate a desired behavior. These steps are:

- exposure to the message
- attention to the message
- interest in or personal relevance of the message
- understanding of the message
- personalizing the behavior to fit one's life
- accepting the change
- remembering the message and continuing to agree with it
- being able to think of it
- making decisions based on bringing the message to mind
- behaving as decided
- receiving (positive) reinforcement for behavior
- accepting the behavior into one's life

To communicate the message successfully, five communication components all must work:

- the credibility of the message source
- the message design
- the delivery channel
- the target audience
- the targeted behavior

Attention to McGuire's considerations helps assure that the communication program plan addresses all factors that determine whether a message is received and absorbed, and that the program is staged over time to address audience needs as they differ over time while progressing toward behavior change.

Diffusion of Innovations

The health policy makers call it "technology transfer," Everett Rogers describes the process whereby new products or ideas are introduced or "diffused" to an audience. Whether the message is accepted (or the behavior adopted) depends upon whether the audience:

- perceives it as beneficial
- sees it as in accordance with their needs and values
- finds it easy or difficult to understand or adopt
- can try the behavior
- feels that the results of the trial or acceptance are viewed positively by their peers.

Rogers suggests that the mass media are a quick and effective route for introducing new information or trying to influence attitudes, especially in the early stages of reaching audiences predisposed toward accepting new ideas. However, at the point of trial, or "adoption," interpersonal channels are more influential. This means that a communications strategy might consist of using the mass media to introduce the message, provide knowledge, influence attitudes, and reinforce behavior, and using community or interpersonal intervention to teach and encourage the adoption of the behavior. This is especially important for groups known not to adopt new behaviors quickly.

PRECEDE Model

Lawrence Green developed the PRECEDE model, an approach to planning that examines the factors which contribute to behavior change. These include:

- predisposing factors—the individual's knowledge, attitudes, behavior, beliefs, and values prior to intervention that affect their willingness to change
- enabling factors—the the environment or co an individual's situatio or present obstacles
- reinforcing factors—t negative effects of ad behavior (including so that influence continu behavior.

These factors require individual be considered of their community and tures, and not in isolatio planning communicatio education strategies.

Understanding these related to health commu planning can help assur program. A more thorou be valuable for planning program. Sources of mo include:

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Additional sources are incl Appendix F (Bibliography).

What Evaluation Is—And How It Fits Into Communication Programs

While it is true that there are specialists who use sophisticated techniques to evaluate programs, it is also true that evaluation is a natural process. We all take actions that are assessed by consciously or unconsciously reviewing the available facts, considering them in the light of the original intent, and drawing a conclusion.

For example, you might find that the news media rarely report your news as you think they should. A close look at the situation—the content of your news releases, how and when they are released, and reactions of reporters receiving them—might identify and lead to solving the problem. The purpose of any evaluation is to learn from actions so that improvements can be made.

Volunteers: A Growing Breed

Lending A Hand

Everyone reaches conclusions about the relative success or failure of programs and activities. Formal evaluation helps assure that those conclusions are based on objective data.

Formal evaluation takes the natural process and makes it a conscious, orderly effort, using objective techniques for gathering and analyzing data and reaching conclusions in order to:

- improve current and future efforts
- certify the degree of change that has occurred
- identify programs, or elements of programs, that are not working.

Evaluation is one of many tools available to help communication program planners and other decision-makers do their jobs well. However, it is important to recognize that there are many forms and types of evaluation, from the very informal and simple to the very formal and complex.

Evaluation is *not* a task that is tacked onto the end of a program. Assessment and careful planning are interdependent, integral functions of program development and implementation. Just as each step of a program contributes to its effect, each step can be subjected to evaluation. Even before program development begins, evaluative discipline demands that the desired program outcome be described as specifically as possible. Once set, these goals and objectives direct how each aspect of the program will be developed. In this guide, evaluation strategies are incorporated into each stage of program development. In addition, a more complete discussion of program evaluation is included in Stage 5: *Assessing Effectiveness*.

All Health Communication Programs Are Not Alike

Some examples cited in this workbook are large-scale nationwide programs; others were developed for a state or community. Most of the planning steps and considerations apply regardless of geographic span. Similarly, some health problems are more complex and controversial than others. They may involve a select or many diverse target audiences; simple information or complex behavior change; one or many channels; generous budgets over many years, or almost no budget.

This guide describes what we have found to be a practical scheme for planning and implementing health communication programs. However, you may encounter a situation that does not permit or require each step outlined here. We hope you will consider each issue and step included and make a conscious decision regarding whether it applies to your situation. Clearly, there are no hard-and-fast rules; consider the following chapters as they are intended—as suggested guidelines.

A fundamental premise of this workbook is that to be viable, health communication programs must be based on an understanding of the needs and perceptions of their target audiences. The diagram below illustrates an approach to health communication incorporating assessments of target audience needs and perceptions at critical points in program development and implementation. The six stages constitute a circular process, in which the last stage feeds back to the first in a continuous process of planning and improvement.

Each of the six stages is summarized in this chapter to provide you with an overview of this approach, then in more detail in the following chapters. The steps outlined below constitute an ideal process, one that may require more time and money than many agencies can afford. All of the steps may not be feasible, or in some cases even essential. However, carefully following the steps in each stage of the process can make the next program phase more productive. In general, however, you must apply your professional judgment to decide which steps are appropriate for your particular program.

Stage 1
Planning and Strategy Selection

The planning stage of a program provides the foundation for the entire health communication process. Faulty decision making at this point can lead to the development of a program that is "off the mark." Careful assessment of a problem in the beginning can reduce the need for costly midcourse corrections.

Key Issues

- What is already known about the health problem? (Analyze existing data.)
- What new kinds of information will be needed before planning the program? (Generate new data if needed.)
- Who is the target audience? What is known about them?
- Overall, what change is planned to solve or lessen the problem? (goals)
- What *measurable* objectives can be established to define success?
- How can progress be measured? (Plan evaluation strategies.)
- What should the target audience be told? (Draft communication strategies.)

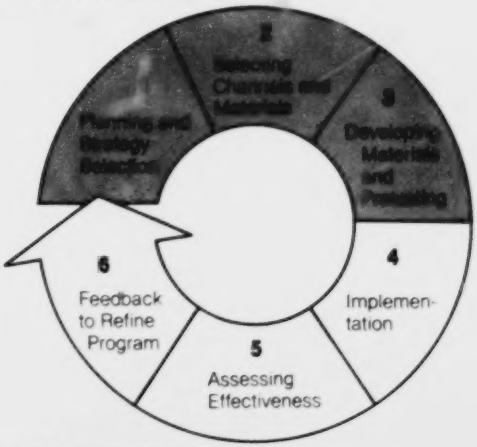
Stage 2
Selecting Channels and Materials

The decisions you make in stage 1 will guide you in selecting the appropriate communication channel(s) and producing effective materials. Without clear objectives and a knowledge of your target audience, you risk producing materials which are inappropriate for the target audience or the issue being addressed.

Key Issues

- Are there any existing materials which could be adapted for the program?
- Which channels are most appropriate for reaching the target audience? (e.g., worksite, mass media, face-to-face)
- What materials formats will best suit the channels and the messages? (e.g., booklets, videotapes, curricula)

Figure 1
Stages in Health Communication



■ Stages when pretesting is used.

Stage 3
Developing Materials and Pretesting

In stages 1 and 2 most program planning is completed; this planning provides the basis for developing messages and materials. Often several different concepts will be developed and tested with target audiences. Feedback from the intended audience is critical in stage 3.

Key Issues

- What are the different ways that the message can be presented?
- How does the target audience react to the message concept(s)?
- Does the audience
  - Understand the message?
  - Recall it?
  - Accept its importance?
  - Agree with the value of the solution?
- How does the audience respond to the message format?
- Based on responses from the target audience, do changes need to be made in the message or its format?
- How could the message be promoted, the materials distributed, and progress tracked?

Stage 4
Implementation

The fully developed program is introduced to the target audience; promotion and distribution begin through all channels. Program components are periodically reviewed and revised if necessary. Audience exposure and reaction are tracked to permit alterations if needed.

Key Issues

- Is the message making it through the intended channels of communication?
- Is the target audience paying attention, and reacting?
- Do any existing channels need to be replaced, or new channels added?
- Which aspects of the program are having the strongest effect?
- Do changes need to be made to improve program effect?

Stage 5
Assessing Effectiveness

The program should be assessed by analyzing the results of measurements planned in stage 1 and used throughout the program's lifespan.

Key Issues

- Were the program objectives met?
- Were the changes which took place the result of the program, other factors or a combination of both?
- How well was each stage of program planning, implementation and assessment handled?

Stage 6
Feedback to Refine Program

At each stage useful information was gathered about the audience, the message, the channels of communication and the program's intended effect. All of this information helps prepare for a new cycle of program development. The more information that can be reviewed at the end of the first program phase, the more likely it is that these questions can be answered.

- Why did the program work, or not work?
- Are there program changes or improvements that should be made to increase the likelihood of success or to address change in the audience, or problem or other situations?
- Are there lessons learned that could help make future programs more successful?

Stage 1
Planning and Strategy Selection

The first purpose of planning is to determine whether the problem can be addressed through communication. If it can be, the planning stage provides the foundation for the entire health communication process. Flawed decision making at this point can lead to the development of a communication program that is "off the mark." Careful assessment of a problem in the beginning can reduce the need for costly midcourse corrections.

Where Do You Start?

When faced with developing a new communication program, it may seem as though you must do everything at once. To organize your thoughts about planning, ask yourself questions like these:

- What is the health problem to be addressed?
- Who is affected by it, and how?
- Are they aware that the problem could affect them?
- Who is interested in the problem?
- What activities have been addressing the problem?
- Are the media or other organizations doing anything?
- What can we say or do to help ameliorate the problem?
- To whom?
- What do we want to accomplish?
- What resources are available?

This chapter is designed to help you find the answers to these questions and design a program plan.

Review Available Data
(Secondary Research)

The more you understand about an issue or health problem the better you can target corrective measures. Check all potential sources of information in your agency; identify gaps in what you have, and seek outside sources of information. The types of information you should (ideally) have to plan your communications program include:

- a description of the problem
  - incidence
  - effects on individual and community
  - causes and preventive measures
  - solutions, treatments or remedies
- a description of who is affected (potential target audiences)
  - age, sex, ethnicity, places of work and residence
  - causative/preventive behaviors
  - related knowledge, attitudes and behaviors
  - patterns of use of health-related services
  - media preferences and habits
  - information sources that are considered credible by potential target audiences

The purpose of this data collection is to describe the health problem or issue, who is affected, and what they know, believe, and do. This investigation should also help identify related activities.

Sources of information will, of course, vary by issue and by whether your program will relate to a specific community or broader geographic area. Examples of data sources include:

- library searches
- sources of health statistics (a local hospital, a state health department, the National Center for Health Statistics)

- government agencies, universities, voluntary and health professional organizations
- clearinghouses
- advertising agencies, newspapers, radio and television stations (for media use data, buying and consumption patterns)
- community service agencies (for related service use data)
- corporations (e.g., General Mills), trade associations and foundations
- polling companies (for audience knowledge and attitudes)
- depositories of polling information (e.g., the Roper Center, University of Connecticut)
- local Chambers of Commerce

Both published and unpublished reports may be available from these sources.

A number of Federal health information clearinghouses provide information, products, materials and sources of further assistance for specific health subjects. A helpful first step in planning may be to contact the appropriate clearinghouse and your health department to obtain information on the health issue. A clearinghouse referral source and other potential sources of information are included in appendix A.

Identify Existing Activities and Gaps

If another organization is already addressing the problem, you may want to contact them to discuss:

- what they have learned
- what information or advice they may have to help you plan
- what else is needed (what gaps exist)
- opportunities for cooperative ventures.

Write Goals and Objectives

The goals and objectives establish the shape of the program—what it is designed to accomplish. The program goal or goals describe the overall change (e.g., a specific improvement in one aspect of the health of a certain population). Reaching the goal may encompass service delivery, financial and societal support and other situational changes that can only be partially addressed by communication strategies. The Office of Disease Prevention and Health Promotion's *Promoting Health/Preventing Disease* (the 1990 Health Objectives for the Nation) can help you set goals for some health issues.

Objectives describe the intermediate steps that must be reached to accomplish the broader goals; they describe the desired outcome, but not the steps involved in obtaining it (you'll design strategies for getting there later). Some of these objectives may be beyond the scope of a communication program; this guide only addresses translating the communication objectives into action.

Objectives are written to articulate what your program is intended to do. Therefore, communication objectives should be:

- specific
- attainable
- prioritized to direct the allocation of resources
- measurable to assess progress towards the goal
- time specific.

These objectives are the foundation for program development and evaluation. If they are not clear and "actionable," your program may be unfocused and ineffective. Once written, goals and objectives serve as a kind of program "contract," or agreement regarding program purpose.

For example:

Goal:
To increase by 10 percent the number of people with controlled high blood pressure by 1991.
Objective 1:
To detect and refer to treatment individuals with elevated blood pressure.

For this objective, a communications activity might include a campaign to tell middle-aged blacks (or another designated high risk group) where to go for screening, and motivate them to go. If screening services are not conveniently available, a critical first step would be to identify whether and where screening, referral and patient followup services could be made available.

Another example:

Goal:
To reduce by 5 percent the number of parents of young children who smoke by 1991.
Objective:
To increase by x percent the number of pediatricians who counsel their patients' parents about how to quit smoking by 1991.

For this objective, it would be necessary to measure how many pediatricians currently counsel these parents, and establish a numerical objective based on your resources and realistic expectations for change. Strategies might include providing pediatricians with the latest information about the effects of parental smoking on their children, designing counseling guidelines for pediatricians, and encouraging parents to ask their children's pediatrician for help in quitting.

Goals and objectives should be realistic. You don't want your program to be considered a "failure" because you set unrealistic expectations. For example, it is generally impossible to achieve a goal of 100 percent. An epidemiologist or statistician may help you determine recent rates of change related to your issue so that you have some guidance for determining what additional changes could be affected.

Gather New Data

(Primary Research)

You may find that there is not enough known about the health problem, its resolution, or those who are affected to develop a communication strategy. If the health problem cannot be defined, or there is no way to ameliorate it, you may decide wisely that a communication program is an inappropriate response until more information or appropriate actions become available.

If it appears that there is no action an individual can take because the issue is beyond individual control (e.g., the regulation of the use of toxic substances), not subject to collective action, services are not available (e.g., for a high risk, low income population), or there is no treatment, you must decide whether a communication program should be developed. In some cases, you may need to make sure that other program elements are in place prior to developing a communication program. (However, in this case, you could decide to develop communication strategies directed to policymakers to seek their help in defining and addressing the problem.)

More often, you can define the problem and who is affected, but information about that population may be unavailable or outdated. At this point, you may decide to gather new data before planning a communication program. This investigation can involve a probability sample of respondents with results which can be projected to the whole target audience—as well as

its subparts—*(quantitative research)*, or fewer representatives typical of the group to be reached but with a less stringently designed sample *(qualitative research)*. Or it may fall somewhere in between—using a combination of research methods (e.g., focus groups along with a small-scale telephone survey). Agencies frequently rely on qualitative research because it is faster and less expensive.

Quantitative research such as surveys with large, statistically representative samples usually use structured questions administered through:

- personal interviews (at home or intercepted at another location)
- telephone
- mail

Quantitative research may also take other forms such as collecting vital statistics data. This process can estimate what percentage of a population is aware of the issue, or thinks or behaves in a certain way. These data provide:

- a valuable baseline for tracking changes as a result of your communication intervention
- information for setting priorities (e.g., according to which groups of people seem to lack awareness, or are most likely to behave in an unhealthy manner)
- information about segments within a target population who are more in need of attention.

Usually, quantitative data will not reveal why individuals think or act as they do, also, because information is available only in response to specific questions asked, unexpected factors or influences may not be identified.

Qualitative investigation can provide the exploration into the "why." Examples of qualitative studies include:

- focused group discussions ("focus groups")

- a small number of "open-ended" or in-depth interviews.

These and other methods are discussed in Stage 3. These methods can provide:

- information about target audience perceptions
- identification by the target audience of issues they perceive as related and important
- in-depth discussion of what the particular health issue means to the target audience.

Although qualitative research can help identify and explore issues, because of the small numbers of respondents and the lack of stringent sampling, the findings cannot be projected to a population as a whole.

Determine Your Target Audiences

Specifically describing the audience (or audiences) for your program—who you want to reach and influence with your messages—will help you develop relevant messages and materials and identify the channels most likely to reach them. Few messages are appropriate for everyone included in the "general public," given the diverse interests, needs, concerns and priorities among different segments of the public. Trying to reach everyone with one message or strategy may dilute your message so that it appeals to few rather than many people.

Describing Your Target Audience

Try to think about *all* of the physical, demographic (and, perhaps, psychographic) characteristics of the people you are trying to reach to help divide "the public" into more manageable groups or *target audiences*.

These characteristics include:

- *physical*—sex, age, type and degree of exposure to health risks, medical condition, disorders and illnesses, health history of family
- *behavioral*—media exposure, membership in organizations, health-related activities or actions and other lifestyle characteristics
- *demographic*—occupation, income, educational attainment, family situation, places of residence and work, cultural characteristics

- psychographic—attitudes, opinions, beliefs, values, self-appraisal and other personality traits.

The more complete a "profile" or description you can develop of your audience, the better you will be prepared to develop a program suited to them.

"Segmenting" Target Audiences

Once you describe what you know about who you want to reach, you should be able to "segment" or separate your target audience from the rest of the general population. You may find that you want to reach several distinct population groups.

National surveys on high blood pressure have indicated that the target audience of "aware hypertensives" (people who know they have high blood pressure) can be segmented further into the following groups:

- *those who take their medication regularly*
- *those who take their medication occasionally (when they feel sick or nervous)*
- *those who have dropped out of treatment.*

Primary target audiences are those you want to affect in some way. You may have several primary target audiences. If so, you should set priorities among them to help order your planning and allocate your resources. Secondary target audiences are those with influence on the primary audience or those who must do something in order to help cause the change in the primary target audience.

The process of identifying and defining audiences should lead to setting audience priorities, that is:

- deciding which one (or several) audience segments is most important
- deciding which audiences are important but less critical because of their health risk/health status, influence or link to the primary target audience(s) or limited program resources
- deciding who will not be a target audience for the program. This decision provides valuable program direction for decisions regarding message development and dissemination, helping assure that all program resources are spent productively.

Establish Audience Tracking System

If you are designing a major communication program that will stretch over a long period of time, building audience tracking into your program plans will assure that you can:

- find out what your target audience knows, thinks and does before you begin activities (baseline data)
- periodically survey to assess progress and the need for modification or new activities
- identify the change in status among the target audience when your program is completed.

All too frequently, audience surveys only are undertaken during and after the program, or are inappropriately timed to occur too far after the program completion, or are sporadic, or incompatible and results cannot be compared. To avoid these problems, consider whether audience tracking is appropriate for your program at this early planning stage.

Assess Resources

It is important that you assess your resources to determine what and how much you realistically will be able to accomplish. Setting realistic expectations can help you avoid the frustration of not accomplishing as much as anticipated. To set realistic objectives, think about these questions:

1. What are the greatest areas of need?
2. Which activities will contribute the most to answering these needs?
3. What resources are available? Include:
   - staff and other "people" resources—such as committee members, associates from other programs, and volunteers
   - budget—funds and "in-kind" resources such as computer time, mailing costs, printing services available from another source, educational materials free or at cost.

The Office on Smoking and Health develops programs to help reach the goal of reducing cigarette smoking by encouraging individuals not to begin smoking and current smokers to quit. One target audience for their activities is:

Primary Target Audience—*Pregnant women who smoke*

Rationale: *These women have a special reason to quit (to help ensure the health of their baby).*

Secondary Target Audience—*Health care providers serving pregnant women*

Rationale: *They should be reminded to counsel their patients who smoke.*

- information—about the issue, the target audience, the community and media structures, or about available educational materials
- time—that is, how many weeks, months or years are available to complete the program.

4. What community activities, organizations or other contributing factors exist?
5. What barriers (such as approval obstacles, absence of funding, hard-to-reach target audience) are there?
6. Which activities would best utilize the resources you have identified and best fit within the identified constraints?

Those activities identified in question 6 should become your priorities.

Coping with Limited Resources

"Resources" includes a lot more than funding, as demonstrated in question 3 above. Sometimes you may feel so constrained by a lack of funds that developing a program appears impossible. An honest assessment may lead to the conclusion that a productive program is not possible; on the other hand, sufficient intangible resources (that is, other than "hard funding") may be available to proceed.

Remember, adequate funding alone won't guarantee program success. In addition to careful program development, you'll need the cooperation and help of your own associates and, perhaps, other organizations. That's why questions 5 and 6 above are important to consider as you decide whether and how to develop a new health communication program.

Draft Communication Strategies

Now that you have defined what needs to be done (goals and objectives) with whom (target audiences), it is time to design communication strategies most likely to get you there. The *strategy statement* begins with:

- the program objectives
- the primary and secondary audiences,

and adds:

- the target information to be communicated
- benefit, as perceived by audience.

The strategy statement provides all program staff—including writers and creative staff—with the same direction for developing all messages and materials. It also may contain the tactics that will be used to reach target audiences with the appropriate messages.

The audience benefit—what they will gain that they perceive as important or valuable—may be different from your perceptions of what the benefit is (e.g., improved health)—and may be different for each audience identified. Stage 3 discusses focus groups and other means to help identify what the target audience perceives as important.

The strategy statement also should describe *why* the audience would want the benefit, to help direct creative development.

For a program to encourage safe driving among teenagers, safety and accident prevention were not perceived by teens as compelling benefits. Rather, the loss of independence and peer approval that would result from losing a driver's license were seen as important reasons to drive safely.

Developing the strategy statement provides a good test of whether you have enough information to begin developing messages. You may be tempted to skip this step, but the strategy statement forms a foundation and the boundaries for all creative development. Seeking agency (and perhaps, community) approval of the strategies at this early stage can make them feel informed and ease the approvals and cooperation you may need later.

Once you have decided on the communication strategies, *all* program elements should be compatible with these strategies—that means every program task should contribute to the established objectives, and be targeted to the identified audiences; all messages and materials should incorporate the benefits and other information in the strategy statement.

If the communication strategy is to tell smokers how to quit, messages that simply tell them of the dangers of smoking are "off strategy" and should not be used. Similarly, if the primary target audience for a breast cancer pap, ed is women over 40, communication channels must be selected primarily to reach these women. Channeling messages to reach other age groups may waste program resources.

As you develop the program and learn more about the audience and their perceptions, you may need to alter or refine the strategy statement. However, it only should be changed to reflect improved information that will strengthen your capability to reach the program's goals. It should *not* be altered to accommodate a great idea that is "off strategy."

Write Program Plan and Timetable

All of the elements of your planning should be recorded in a program plan—your first program product. The program plan is your "blueprint." It should be used to:

- design all program tasks
- explain your plans within your agency and with others
- provide a record of where you began.

A sample outline for a program plan is included on page 15.

You will note that the program plan outline includes your evaluation plans. Because evaluation occurs at many points—before, during and after the program—descriptions of evaluative strategies are dispersed throughout this workbook, within the stages where the evaluation would occur. Formative evaluation is discussed in stages 1 and 3, process evaluation in stage 4 and summative evaluation in stage 5. A summary of the various kinds of evaluation can be found on page 64 (stage 5).

Program Timetable

A final planning step is producing a time schedule for program development and implementation. The schedule should include every task you can think of from the time you write the plan until the time you intend to complete the program. The more tasks you build into the timetable now, the more likely you will remember to assign the work, and keep on schedule. If you forget important intermediate steps, your costs and timing might change. The timetable could look like this:

Goal

Objective 1:

Planning Tasks	*Person Responsible*	*Due Date*	*Resources Required*
Implementing Tasks	*Person Responsible*	*Due Date*	*Resources Required*
Evaluation Tasks	*Person Responsible*	*Due Date*	*Resources Required*

Objective 2: etc.

Of course, nothing ever goes "quite according to plans." The timetable should be considered a flexible management tool. You may want to update it regularly (e.g., once a month) so that it can function dually to manage and track progress.

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Program Plan: Outline

Title of Program: _____

Goal: _____

Objectives: _____

Sponsoring Agency: _____

_____

Contact Person: _____

Description of Need: (why the program is being developed) _____

_____

_____

_____

Primary Target Audiences: (in priority order) (Include age, gender, ethnic group and other pertinent characteristics) _____

_____

_____

_____

_____

Key Strategies: (list for each target audience)

_____

_____

_____

_____

Secondary Target Audiences: (in priority order) ____

_____

_____

_____

_____

_____

Key Strategies: _____

_____

_____

_____

_____

Key Dates: _____

Estimated Costs: _____

Other Resources Required: (e.g., staff, art shop or computer time) _____

_____

_____

_____

_____

_____

_____

Potential Problems: (scheduling conflicts, clearances, policies and approvals that you and other staff must address) _____

_____

_____

_____

_____

_____

Methods of Evaluation: (include formative, process and summative (outcome) evaluation strategies)

_____

_____

_____

_____

Cancer Communications Program Planning Guide

Questions/Tasks	Resources to Find Answers	Examples
Assessment		
1. State program goal	Agency mission statement Role of communications	Prevention: To reduce the incidence of cancer through information and education programs that promote public adoption of risk-reducing behaviors.
2. a) What are the modifiable risk factors? b) What risk factors/issues are the highest priority for program development?	Literature searches Epidemiologic studies Consultation with experts Agency policies	Smoking Diet
3. a) What are the behaviors associated with the identified risk factors/issues? b) Which behaviors are high priority for intervention?	Literature searches Epidemiologic studies Consultation with experts Agency policies	Prevention: Smoking; fat and fiber intake
4. What audiences should be targeted?	Review of morbidity/mortality statistics Review of knowledge/attitudes/behavior (KAB) surveys Agency policies and politics Review of other Federal programs Consultation with experts (advisory groups, working groups) Secondary data tracking	adults family caretakers low-SES blacks Hispanics
5. What are the key factors influencing the behaviors in the target audience? (KAB, skills, availability of resources, professional attitudes)	Literature reviews Consultation with experts Focus groups (audience members, professionals) Psychographic surveys NCI surveys Secondary data tracking	Cancer Prevention in low-SES blacks —fear and avoidance of cancer (attitude) —medical care is not effective (belief) —smoking cessation, food selection skills
6. Develop and state program objectives	Literature reviews Consultation with experts Focus groups (audience members, professionals) Psychographic surveys NCI surveys Secondary data tracking	Smoking —increase the number of health professionals who counsel their patients to quit smoking —increase the number of national/regional organizations that sponsor tobacco education programs

Questions/Tasks	Resources to Find Answers	Examples
Program Development		
7. What are the best channels to use to reach the target audience? (media, worksites, national and community voluntary organizations, churches, the medical sector)	Analysis of the reach and influence of the channel on the target audience through: —literature reviews —review of other programs targeting the audience —focus groups —consultation with experts Assessment of resources/role (staff, budget) Agency policies and politics	Blacks —black newspapers and magazines —black national organizations with regional and local affiliates —black colleges and churches
8. a) What is the best program/products to use in the selected channel with the target audience? (Define messages, and strategy; develop products to support them.)	a) Resources Past successes Concept testing Focus groups Consultation with experts	The Good News media campaign The "Quit for Good" program for physicians Partners in Prevention Network Placing staff in policy-setting positions
b) Are the selected products clear and effective to the intermediary? To the target audience?	b) Pretests Readability tests	Mall-intercept PSA tests Focus group poster tests
c) Are program/products likely to produce the desired outcome with the intermediary? Target audience?	c) Review of evaluations of similar programs/products Pilot tests	Pilot test of pharmacy-based smoking cessation program Pilot test of modular TV nutrition program
9. How will the program/product be distributed/promoted?	Analysis of various intermediary networks Review of past NCI programs Review of other comparable programs	Mailed announcements of "Quit for Good" kit using professional societies' mailing lists Newsletter announcements TV PSA campaign
10. Develop an action plan with staff and resource allocations, timetables, expected outcomes.	See page 14.	See page 15.
Tracking—Process Evaluation		
11. a) Is the product reaching the intermediary?	Standard tracking procedures Consultation with evaluation staff/experts	TV PSAs a) bounceback cards analysis surveys of stations
b) Is the intermediary using the product with the target audience?	Secondary data tracking	b) BAR public service monitoring data
c) What percentage of the target audience is being reached?	Secondary data tracking	c) BAR data/Inquiry data
d) Is the product producing the desired outcome with the target audience (e.g., calls, attendance at presentations)?	Secondary data tracking	d) Analysis of inquiry data
12. Assess results of tracking and evaluations. What changes are indicated?	Evaluation and tracking studies Anecdotal and observational information	Review might indicate the need for improved promotion, revised products, selection of different intermediaries

With investigation and analysis completed and your plan in hand, you are ready to develop the communication tools. It is vital to have the right tools for the job. In stage 2 you'll decide what kinds of materials fit your budget and your target audience, and which channels will work the best. Choosing messages, formats and channels are interdependent steps—each must suit the other, and each decision must fit the strategy statement.

Identify Messages and Materials

Materials production can be a time consuming and costly process. Because it is creative and has tangible results, it is frequently seen as the key developmental step for a communication program. However, you should consider whether creating new materials is really necessary.

You may have discovered existing communication materials (booklets, leaflets, posters, public service announcements, videotapes) while gathering data to plan your program. If not, look now. Sources include:

- health departments (in your state or other states)
- university or public libraries
- voluntary organizations
- health professional associations
- community-based health promotion coalitions
- the ODPHP National Health Information Center (see page 75).

If you find materials related to your health issue, decide whether they might be appropriate for your program "as is" or with modification. Consider these issues in conjunction with your *strategy statement*:

- Do they offer accurate, complete and relevant messages?
- Are they appropriate for your target audience in format, style and reading level?
- Are they available and affordable?
- Could they be modified to become appropriate?

If you are considering the use of existing materials, you will want to discuss with the producer:

- how the messages were developed
- whether the materials were tested
- how they have been used
- were they effective
- if you could receive permission to modify or use parts of the materials (especially if materials are copyrighted).

Sample forms developed by OSAP are included in appendix C to help you conduct your own materials review.

You may want to test promising materials with the target audience at this point (see stage 3 for a description of testing methods). If the materials prove to be inappropriate, you will have valuable information for developing new materials.

Discussions about what materials *format* (e.g., print or audiovisual) will best suit your program will be determined by:

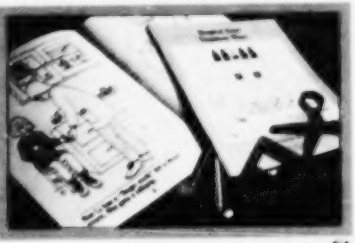
The Federal Office for Substance Abuse Prevention (OSAP) is assessing substance abuse prevention education materials, seeking effective materials to replicate and promote for widespread use. They have developed a three-tier review process:

- *a descriptive review to categorize materials by topic and audience and determine whether they fulfill an identified need*
- *a scientific review to determine whether materials are accurate, current, and comply with office policies*
- *a review by a panel of experts to determine whether materials are appropriate for target audiences and whether they should be tested.*

- the message (e.g., its complexity, sensitivity, style, purpose)
- the audience (e.g., will they want to read about the subject, or would they rather watch a videotape)
- the channels (e.g., whether you will be most likely to reach the audience through a school, library, physician, the media, or a combination of these), and the formats the channels prefer and
- your budget and other available resources.

Communication materials will probably represent a major expenditure for your program. Make sure that you choose a format that you can afford in sufficient *quantities* to make your program work, and that you don't

When the Ohio State University Comprehensive Cancer Center and Children's Hospital of Columbus, Ohio developed a coloring book for children with cancer (Hospital Days, Treatment Ways), the National Cancer Institute modified it so that it could be used anywhere in the country and produced it for nationwide distribution.



best copy available

allot so much of your budget to materials that you can't afford distribution (e.g., mailing lists, mailing services, postage costs), promotion and process evaluation.

Choose Channels

The decision regarding the channels your program will use is interdependent with the decision about materials format. Message delivery channels include:

- face-to-face (e.g., health care professional to patient, peers, family members)
- group delivery (e.g., worksite or classroom)
- organizational (e.g., constituents of a professional or voluntary association)
- mass media (e.g., radio, television, magazines, direct mail, billboards, transit cards, newspapers)
- community (e.g., libraries, employers, schools, malls, health fairs, local government agencies)
- a combination of any or all of these (this choice is likely to work best).

Each channel offers different benefits and may require different message design (although not necessarily different messages) to fit the channel in length and format.

The mass media can transmit news quickly to a broad audience, but cannot alone be expected to motivate people to change their behavior. The mass media are generally the public's primary source of information but may be less trusted than more intimate sources of information, and are constrained by time, space, and newsworthiness, among other factors, to the extent they can explain complex information properly and fully. Media (news) may focus too much attention on new information or information affecting limited segments of the population, may increase the chances for miscommunication of complex or controversial news, may communicate incomplete information (most crucially, leaving out information explaining what should be done about a health problem). Loss of control over how the information is communicated may be a trade-off for broad and rapid transmission.

Whether mass media is intentionally selected as one channel, or whether a health issue appears as news, you should remember that the purpose of the mass media is to inform and entertain, not educate. Therefore, if the complete message is too complicated or simply not considered interesting enough for use by the media, you will be obligated to redesign the message so that it is more appealing to media professionals (media "gatekeepers") and their perceptions about what their audience wants. Working with media professionals will help assure that messages are interesting as well as accurate, and may help you obtain greater exposure for your program.

Mass media offers many opportunities for messages beyond public service announcements, including mentions in news programs, entertainment programming, public affairs, "magazine" and interview shows (including radio audience call-ins), live remote broadcasts, editorials (television, radio, newspapers, magazines) and health and political columns in newspapers and magazines. Each format offers a particular advantage for communicating messages, and each format may reach a different audience mix. You may decide to include a variety of formats and media channels, always choosing from among those most likely to reach your target audiences.

Interpersonal channels put health messages in a more familiar context. These channels are more likely to be trusted and influential (physicians, friends and family members of the target audiences are usually very credible sources). Developing messages, materials and links into interpersonal channels may require time-consuming and costly development. Influence through interpersonal contacts requires familiarity with the message and, therefore, may more appropriately follow long-term exposure to and acceptance of media messages.

Community channels (including schools, employers and community organizations) can reinforce and expand upon media messages, and offer instruction. Establishing links with community institutions and organizations can shortcut the development of interpersonal routes of influence with the target audience. Interpersonal and community channels can offer support

How to Reprint Camera-Ready Materials

Some nonprofit organizations and Federal agencies may be willing to provide camera-ready copy, or permit you to reproduce materials they have already developed. All materials produced by the Federal government are in the public domain. That is, they are not copyrighted and may be reproduced without permission. However, many other organizations do copyright their materials. You should be sure to check with the producer about any materials you would like to use.

Sometimes it may be cheaper for you to make your own copies than to purchase them. When you think about printing, consider other organizations that may want copies. Because printing larger quantities will reduce the cost per copy, you will save money if you can combine orders.

Here is additional information about printing your own:

What Are the Ways Materials Can Be Duplicated?

Two simple options are available for reprinting materials: photocopying and printing.

What Factors Affect Printing Costs?

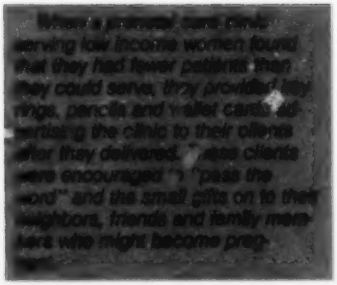
Five variables are involved:

1. **Quantity.** The greatest expense in printing is making the printing plates. Thus, unlike photocopying costs, which remain constant per item, printing costs per unit go down as quantities go up. And up to 50,000 copies, the more you print, the more you save. For example, a one-sided, black and white flyer might cost:
   - $40 for 1,000 copies ($.04 per copy)
   - $53 for 2,000 copies ($.026 per copy)
   - $85 for 4,000 copies ($.021 per copy)
2. **Printer.** Every printer prices work differently, and a single printer's price for similar work may vary. Always get several cost estimates, and discuss any special requirements. Printing quality can also vary. To find a reliable printer, ask your colleagues for their recommendations. Look at samples of different printers' work, and check their references!
3. **Paper Quality.** Once you've chosen a printer, he or she will show you paper samples in different weights, colors, and finishes. There are papers for all budgets. If the initial estimate seems high, ask about using a more modest paper stock.
4. **Ink Color.** Materials that use only one ink color will be the most economical. For quantities under 10,000, black ink will be the cheaper choice. Prices increase with each different color ink you add.
5. **Artwork.** Printers charge more for materials with drawings or photographs than they do for materials with type alone, but these fees are generally small.

Can I "Customize" or Adapt Camera-Ready Materials?

Yes, with permission from the producer and a little help from a graphic artist. For example, you can:

- Add your organization's name, contact information, and logo.
- Combine parts of existing materials to make a new piece. A graphic artist can "cut and paste" for printing or photocopying.
- Combine the best components you can find—graphics from one source to accompany the text from another.


When a private care clinic serving low income women found that they had fewer patients than they could serve, they provided key rings, pencils and wallet cards advertising the clinic to their clients after they delivered. These clients were encouraged to "pass the word" and the small gifts on to their neighbors, friends and family members who might become preg-

for action and are two-way, allowing discussion and clarification, encouraging motivation, and reinforcing action.

Using several different channels will increase the repetition of the information, increasing the chance that the audience will be exposed to the information a sufficient number of times to absorb and remember it. Channel selection should be determined prior to materials production since message format will be different for various channels.

Consider these questions as you make decisions about channels:

- Which channels are most appropriate for the health problem/issue and message?
- Which channels are most likely to be credible to and accessible by the target audience(s)?
- Which channels fit the program purpose (e.g., inform, influence attitudes, change behavior)?
- Which and how many channels are feasible, considering your time schedule and budget?

You may choose a different mix of channels for each audience to match what you have learned about what information sources the audience considers credible and how they are most likely to be reached.

best copy available

Television	Radio	Magazines	Newspapers
Potentially largest/wide range of audiences, but not always at times when PSAs are most likely to be broadcast.	Various formats offer potential for more audience targeting than television (e.g., teenagers via rock stations). May reach fewer people than TV.	Can more specifically target to segments of public (young women, people with an interest in health).	Can reach broad audiences rapidly.
Deregulation ended government oversight of station broadcast of PSAs, public affairs programming.	Deregulation ended government oversight of stations' broadcast of PSAs, public affairs programming.	No requirement for PSA use; PSAs more difficult to place.	PSAs virtually nonexistent.
Opportunity to include health messages via news broadcasts, public affairs/ interview shows, dramatic programming.	Opportunity for direct audience involvement via call-in shows.	Can explain more complex health issues, behaviors.	Can convey health news/ breakthroughs more thoroughly than TV or radio and faster than magazines. Feature placement possible.
Visual as well as audio make emotional appeals possible. Easier to demonstrate a behavior.	Audio alone may make messages less intrusive.	Print may lend itself to more factual, detailed, rational message delivery.	
Can reach low income and other audiences not as likely to turn to health sources for help.	Can reach audiences who do not use the health care system.	Audience has chance to clip, reread, contemplate material.	Easy audience access to in-depth issue coverage is possible.
Passive consumption by viewer; viewers must be present when message is aired; less than full attention likely. Message may be obscured by commercial "clutter."	Generally passive consumption; exchange with audience possible, but target audience must be there when aired.	Permits active consultation. May pass on. Read at reader's convenience.	Short life of newspaper limits rereading, sharing with others.
PSAs can be expensive to produce and distribute. Feature placement requires contacts and may be time consuming.	Live copy is very flexible and inexpensive; PSAs must fit station format. Feature placement requires contacts and may be time consuming.	Public service ads are inexpensive to produce; ad or article placement may be time consuming.	Small papers may take public service ads; coverage demands a newsworthy item.

The Office of Cancer Communications is working with a regional supermarket chain to offer nutrition information to consumers. The chain offers free booklets that discuss good nutrition and provide recipes; nutritional labelling on the store shelves; and nutrition messages in their advertising.

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The Role of Public Service Media Campaigns

Public service campaigns have been used frequently in recent years by health promotion and disease prevention programs. Many Federal agencies and national voluntary organizations have sponsored campaigns on health subjects. Similarly, many local agencies have produced campaigns designed for their particular communities. Typically, these campaigns have included a combination of television and radio public service announcements (PSAs), public service transit ads and billboards, booklets, posters, specially planned events and health education activities. In addition, campaign planners have generated local or national news media coverage to provide attention to health issues.

PSAs are usually 60-, 30-, or 10-second radio or TV public service advertisements sponsored by nonprofit and government agencies to provide new information to reinforce prevailing knowledge or attitudes, or to promote programs, services, activities or issues of community interest. The broadcast air time for these messages (and, in some cases, the production service) is donated by radio and TV stations and networks. Some PSAs are presented as the joint effort of the sponsoring agency and the station. For example, a PSA might close with: "This message is brought to you as a public service from the American Cancer Society and Station WXXX." Magazines and a few newspapers (especially community and college newspapers) also provide public service advertising space.

As might be expected, competition for public service time and space is very intense. Although neither radio nor TV stations are now required to donate a specific amount of time to PSAs or public affairs programming, stations are obligated (as a condition of licensing) to ascertain and respond to the concerns of the community they serve. There is no such incentive for print media, and major newspapers rarely offer free space (although they frequently cover health issues in news, features and editorials).

Public service announcements are seen by the public as important, credible, and reliable sources of health and medical information. A 1979 survey conducted by Louis Harris and Associates for the National High Blood Pressure Education Program found that, next to the doctor or clinic where treatment is received, television PSAs are seen as the most important source of health information.

While public perceptions of PSAs appear to be favorable, PSAs are limited in their actual impact. PSAs, alone, will not cause long term behavior changes, especially with such ingrained behaviors as smoking, sedentary lifestyles or poor eating habits. For this reason, communication programs designed to affect behavior use PSAs as one component of an overall communication program that includes an array of mass media and interpersonal communication activities. As demonstrated in both the Stanford Heart Disease Prevention Program and Finland's North Karelia Project, this combination of techniques can be effective in promoting health behavior and lifestyle changes. These programs implemented several intensive campaigns over a period of several years and used multiple media strategies including PSAs, radio and television programs, news coverage, and information brochures mailed directly to homes. They also included interpersonal communication activities, such as physician-patient counseling, presentations to high-risk individuals and self-help groups for support and reinforcement.

Within the context of a larger communication program, PSAs are most useful for creating awareness or heightening the public's sensitivity to a health problem or issue, or reinforcing a newly established behavior. A well-designed PSA can transmit specific information to the public such as alerting homeowners to the need to test for radon, or announcing the time and place of a health screening. PSAs also are appropriate for increasing recognition of a health program, generating requests for health information

continued

The Role of Public Service Media Campaigns
continued

or recruiting volunteers. Unless campaign messages attract attention, however, they are unlikely to succeed at these objectives or to contribute to more complex ones, such as:

- changing or reinforcing attitudes (e.g., reducing fears of breast cancer)
- motivating specific behaviors (e.g., using seat belts)
- teaching new skills (e.g., how to check a child's hearing)
- creating behavior change (e.g., quitting smoking or reducing alcohol consumption).

The probability of achieving these succeeding objectives becomes less as the desired response becomes more difficult for the individual.

Hundreds of new public service messages are distributed to radio and TV stations each month. Unfortunately, some campaign materials are produced without clear objectives, without specific audiences in mind, and without audience pretesting to assess their ability to attract attention, to be understood, and to be perceived as memorable, relevant or believable. Further, many PSAs receive minimal air time or are ignored by radio and TV station public service directors because they are unaware of your program; the message is unclear, perceived as uninteresting or unimportant; the PSAs do not meet the station guidelines or specifications; or there is no effort made to market the PSAs to the station staff.

Well planned and produced PSAs can be an effective part of a health communication program but rarely form the entirety of a program.

Selecting Channels That Work

Teenagers in a Michigan study ranked a variety of sources of information for learning about drinking, driving, and related issues. They identified these sources (in order of their importance):

- Television PSAs
- Parents
- Friends
- News stories
- Books and pamphlets
- TV program portrayals
- Teachers
- Own experience
- TV beer ads
- Doctors
- Radio PSAs
- Magazine liquor ads
- Siblings
- Songs on radio and records

—from *Communicating with Youth About Alcohol: Methods, Messages, and Materials*, 1986.

How to Select an Advertising Agency

If you decide to develop a media campaign, you may want the help of an advertising agency. Although you do not have to be an advertising expert yourself, you need to have a basic understanding of the process and know what you want in order to direct the agency staff. Remember that you are hiring them for their advertising expertise. You understand the health problem and may understand how the public reacts to health messages better than agency staff. Agency and program staff should respect each other's areas of expertise. Consider these questions to decide whether you are prepared to hire an ad agency:

1. **Do you have a clear strategy statement?**
   Unless you have a clear picture of what you want, an agency will have difficulty responding to your requests.

2. **Have you developed a list of ad agencies to contact?**
   Be alert to good health-related work you have seen and find out who did it. Ask other health program managers for recommendations or call a local advertising club. Check references.

3. **Do you have a good idea of what works and what doesn't?**
   If you aren't sure you can separate effective (not necessarily the advertising that "looks good") from ineffective advertising, try to learn more (by talking with others and reading the articles or books referenced in this guide) before you select an agency.

4. **Do you have a budget?**
   Sometimes advertising agencies will be interested in working on a health topic, and may provide you with more commitment and effort than could be expected for often small health campaign budgets. However, don't ask for more work than you can afford—if the agency feels obligated to deliver more than your budget can reasonably support, the quality of the work may suffer.

5. **Have you thought about selection criteria?**
   Make a list of the services you will need (e.g., creative strategy development, market research, materials production, help with planning message dissemination or materials placement) and ask several agencies to tell you how they have handled these services for other clients. Don't require creative work on your campaign as a part of the selection process—it is expensive for the agency and it may not accurately reflect what they would produce for you after more careful consideration. However, you should look at work the agency has done for other clients. Guard against quick or easy answers from a potential agency—health messages are usually more complex to design than those for commercial products. And certainly they are *different* from commercial messages.

6. **Are you prepared to work with an agency?**
   Developing an effective health campaign demands close cooperation between you (the health expert) and the agency (the advertising/marketing expert). Visit agencies you are seriously considering hiring, make sure you feel comfortable with the staff with whom you will work. Be prepared to be a good client: be supportive of good work, and clearly indicate what you don't like (and tell them why); be consistent; simplify the approval system as much as you can; and trust them to know how to do their work.

With program planning completed, you are ready to produce messages and materials for your program. This chapter addresses:

- developing message concepts
- testing message concepts and draft materials
- production tips
- content issues, including message appeal, spokespersons and considerations for "hard-to-reach" or other special audiences.

If you have located suitable materials for your program, you will be able to skip or simplify this process. If you are unsure whether the materials you have located are appropriate—or think that they may need alterations—you can move directly to pretesting.

Develop and Test Message Concepts

Your communication strategy statement and the information you gathered about the target audiences (stage 1) form the basis for developing message concepts. These *message concepts* are your messages in "rough draft," and represent different ways of presenting the information to the target audiences. You may want to prepare two or more message concepts using different:

- spokespersons (e.g., a physician, a peer)
- appeals (e.g., humor, fear, factual)
- styles (e.g., photographs, graphs)
- formats (e.g., audiovisual with music, instructional poster) for testing with gatekeepers and the target audience.

Audiovisual Materials

If you have decided to produce PSAs or other audiovisual materials, here are some presentation options to consider:

demonstration—the audiovisual format is ideal for demonstrating the desired health behavior, especially if skills must be taught.

testimonials—a credible presenter (e.g., the Surgeon General) can lend credibility to your message. A recognizable spokesperson may be attention-getting. The most credible and relevant presenter may vary for different audiences—and may be a target audience representative, an authority (e.g., a physician) or a celebrity connected with the health issue.

slice of life—a dramatization within an "everyday"—or familiar—setting may help the audience associate with your message. A simple story may be easy to remember; you might choose to present the health problem and show the solution. This style may be both credible and memorable, but it may also be "corny."

animation—beyond use for young children, animation can be eye-catching for adults (older children may consider some animation "silly" or "babyish"). You can use animation to demonstrate desired actions; it may also be a good choice for addressing abstract subjects (e.g., explaining "respite care") or sensitive subjects (such as AIDS), or several disparate target audiences (e.g., different ethnic groups) at once.

humor—can be memorable, heart-warming and effective. However, humor is difficult to do well. The lighthearted can also be silly, and a punchline can become stale quickly. For some audiences or subjects, humor can be offensive. ("There is nothing funny about cancer," agreed one men's focus group.) It can also be expensive.

emotion—can make a message real, and personal; it can also "turn off" the viewer. Emotional approaches range from warm and caring to fear arousing and disturbing. As with humor, emotional appeals may be "high risk" production choices—these choices should be pretested and produced with care.

use of music—can lend to a mood you are trying to create; it can also compete with the message.

How the Public Perceives Health Messages

Thinking about how the public perceives health messages prior to message development can help assure that the public will hear and heed the information you want to convey. Factors affecting public acceptance of health messages include:

"Health risk" is an intangible concept—Many people do not understand the concept of relative risk, and so personal decisions may be based on faulty reasoning. For example, the public tends to overestimate their risk of car and airplane accidents, homicides and other events that most frequently make the news, and underestimate their risk of less newsworthy, but more common health problems such as stroke and diabetes.

The public responds to easy solutions—The ability to act to reduce or eliminate an identified risk not only can lessen actual risk, but can abate the fear, denial, or mistrust that may result from new health information. The public is more likely to respond to a call for action if the action is relatively simple (e.g., get a blood test to check for cholesterol) and less likely to act if the "price" of that action is higher, or the action is complicated (e.g., quitting smoking to reduce cancer risk). Therefore, when addressing a complex issue, there may be an intermediate action to recommend (calling for information, preparing to quit).

People want absolute answers—Some people don't understand probabilities; they want concrete information upon which they can make certain decisions. In the absence of firm answers from a scientist, the media will sometimes draw an inappropriate conclusion, providing the public with faulty but conclusive-sounding information that the public finds easier to accept and deal with. Therefore, you must carefully and clearly present your information to both the public and the media.

The public may react unfavorably to fear—Frightening information, which sometimes cannot be avoided, may result in personal denial, disproportionate levels of hysteria, anxiety and feelings of helplessness. Worry and fear may be accentuated by faulty logic and misinterpretation, and compounded if there are no immediate actions an individual can take to ameliorate the risk.

The public doubts the verity of science—The public knows that scientists can be wrong and recalls incidents such as the predicted swine flu epidemic. They may hesitate to believe a scientist's prediction.

The public has other priorities—New health information may not be integrated as one of an individual's priorities. When the National Cancer Institute conducted focus groups with retired shipyard workers, they found that a future threat of cancer from a long-ago exposure to asbestos paled in importance in comparison with their daily infirmities. Conversely, teenagers, many of whom may never have experienced poor health, may find it inconceivable that they will be susceptible to future illness. For many people, intangible health information cannot compete with more tangible daily problems.

Individuals do not feel personally susceptible—The public has a strong tendency to underestimate personal risk. An NCI survey found that 54 percent of respondents believed that a serious illness "couldn't happen to them" and considered their risk as less than that of the general public, regardless of their actual risk.

The public holds contradictory beliefs—Even though an individual may believe that "it can't happen to me," he or she can still believe that "everything causes cancer," and, therefore, there is no way to avoid cancer "when your time comes," and no need to alter personal behavior.

The public lacks a future orientation—The majority of Americans say that it is better to live for the present than to worry about tomorrow. The public, especially lower SES groups, has trouble relating to the future concept, and many health risk messages foretell of outcomes far in the future. Focus group participants who were convened to help plan a cancer prevention program agreed that it would take an actual health scare, or seeing a health problem in a friend or loved one, to make them alter their own behavior.

The public personalizes new information—New risk information is frequently described in terms of its effect on society (such as predicted morbidity and mortality rates). The individual needs to translate that information into personal risk to understand it; translation of information offers an opportunity for misinterpretation and misjudgment, especially because technical analyses may be incomprehensible to the public.

The public does not understand science—Technical and medical terminology, the variables involved in calculating risk, and the fact that science is not static, but evolves and changes over time, are all poorly understood by the public. Therefore, individuals lack the basic tools required to understand and interpret some health information.

Considerations for Message Construction

Both the channel and the purpose of communicating health information influence message design. Information may be designed to convey new facts, alter attitudes, change behavior or encourage participation in decision making. Some of these purposes overlap; often they are progressive. That is, for persuasion to work, the public must first receive information, then understand it, believe it, agree with it and then act upon it. Regardless of the purpose, messages must be developed with consideration of the desired outcome. Factors that help to determine public acceptance include:

Clarity—Messages must clearly convey information to assure the public's understanding and to limit the chances for misunderstanding or inappropriate action. Clear messages contain as few technical/scientific/bureaucratic terms as possible, and eliminate information that the audience does not need in order to make necessary decisions (such as unnecessarily detailed explanations). Readability tests (see appendix B for instructions) can help determine the reading level required to understand drafted material and help writers to be conscientious about the careful selection of words and phrases.

Consistency—In an ideal world there would be scientific consensus on the meaning of new health findings, and all messages on a particular topic would be consistent. Unfortunately, consistency is sometimes elusive. Experts tend to interpret new health data differently, making consensus among government, industry, health institutions and public interest groups difficult.

Main points—The main points should be stressed, repeated and never hidden within less strategically important information.

Tone and appeal—A message should be reassuring, alarming, challenging or straightforward, depending upon the desired impact and the target audience's. Messages should also be truthful, honest and as complete as possible.

Credibility—The spokesperson and source of the information should be believable and trustworthy.

Public need—For a message to break through the "information clutter" of society, messages should be based on what the target audience perceives as most important to them, what they want to know, and not what is most important to or most interesting to the originating agency.

Health messages should be drafted with consideration of these factors. Prior to final production, messages should be pretested with the target audience (and in some cases with channel "gatekeepers") to assure public understanding and other intended responses.

Print Materials

You may decide to produce a single booklet, or your program and budget may call for a range of materials, each for a different purpose (e.g., a poster for attention, a booklet for explanation or teaching) or use (in a supermarket display, a physician's office or a classroom).

As you decide what print materials to produce, consider that:

- all messages in all the media you choose should reinforce each other and follow the communications strategy
- no matter how creative, compelling or wonderful a message is, if it does not fit the strategy statement, objectives and identified audiences, throw it out. Don't compete for attention with your own campaign
- whatever approach or style you have chosen should be echoed in all campaign elements. In print materials, use the same or compatible colors, types of illustrations and typefaces throughout the campaign. If there is a logo or theme, use it in all print and audiovisual materials

- use illustrations to gain attention, aid understanding and recall; make sure they reinforce, and don't compete with your message. Use captions, headlines and summary statements for additional reinforcement.

As you consider a particular tone or style for either audiovisual or print materials, make sure that you have access to the expertise and budget to suit your choice. Think about whether the style will enhance or compete with your message. Simplicity may offer the greatest chance of success.

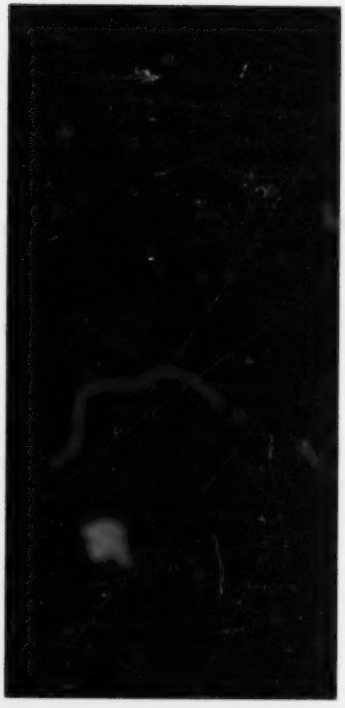
Production Values

No matter which approach you choose, high quality production is necessary to make the message work. If you feel you have to skimp on production, choose a simpler way of presenting the message. Producing poor quality materials wastes funds and can damage your program's—and your own—credibility.

Need for Audience Testing

Even if you think you've chosen the presentation style most suited to the message and audience, you should pretest it to be sure. Check each concept to make sure that it complies with your communications strategy and objectives. Testing alternative concepts with the target audience may:

- help identify which has the strongest appeal and potential for effect
- identify new concepts
- identify confusing terms or concepts
- identify language used by the target audience
- help eliminate weaker concepts and save production costs.



Focus groups are most commonly used for testing at this stage because they permit open and extended discussion about concepts and ideas. You may show rough illustrations or a television "storyboard" (frame-by-frame illustrated description) to the group, or just discuss the messages and presentation style with them and ask them to visualize the product. A description of focus groups and alternative test methods begins on page 39.

Develop Draft Materials

Based on findings from testing message concepts, you will want to refine the most promising approach and produce materials in draft or "rough" form. A graphic designer or audiovisual producer will frequently provide a facsimile version of a poster or pamphlet, or a storyboard of a television PSA for your review and approval. Materials in—or close to—this format should be tested at this stage to:

- assess comprehension
- identify strong and weak points
- determine personal relevance
- gauge confusing, sensitive or controversial elements.

Testing at the concept stage helps to choose the strongest from among more than one potential approach to presenting your message. Now, you have refined the strongest concept into the language, style and format you want to use. Additional testing is designed to strengthen the approach you have chosen—*before* your production funds are spent.

Because materials production is one of the most costly steps in program development, it makes sense to test before you invest in final production. Draft materials should resemble the final product as closely as possible, but without expensive production. For example, radio announcements may be produced in a nonstudio setting and with nonprofessional voices for testing. A television announcement may be tested with a storyboard, or with an animatic (videotaped sketches with voice over). A booklet may be prepared using good quality word processing copy, rough illustrations, and a copy machine. Similarly, posters, print ads and flyers can be produced in rough form for pretesting.

Pretest graphics with the target audience. People interpret graphics in different ways, just as they do the written word. If your graphics style or illustrations depart from what "gatekeepers" (e.g., PSA directors, physicians, teachers) expect, test with them, or ask them to review, as well. Use favorable responses from the target audience as a "selling point" with gatekeepers.

Using Celebrity Spokespersons

Using the right celebrity to present your message or represent your campaign can be an exciting proposition. Here are a few considerations to think about as you make your decision:

- celebrities can be effective *if they are directly associated* with your message by the audience (e.g., an ex-cancer patient, a pregnant woman, an ex-smoker)
- celebrities speak for themselves, and their image: have a firm agreement about their role and what they will—and will not—say
- celebrities can increase attention to your message from audiences and gatekeepers
- the appearance of a celebrity may compete with your message for attention
- some audiences may not react favorably to some celebrities
- a network may not use a top star from a rival network's show
- production schedules will be built around the celebrity's schedule, which could result in production delays or a need to re-schedule, increasing production time and costs
- be sure that the celebrity does not practice health habits or hold health-related opinions that could later contradict your own messages (eg., a spokesperson for eating well during pregnancy who is recognized as a bulemic)
- remember that celebrities live in the public eye. A change in their popularity or personal lifestyle could affect the acceptability of your message
- a local celebrity or well-known person may be more credible for some audiences than a national figure.

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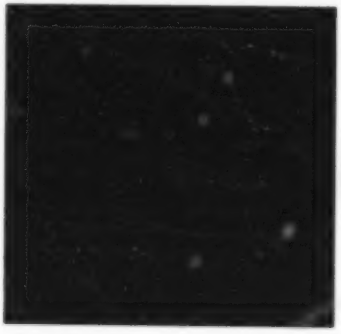
Pretesting—What It Can and Cannot Do

Pretesting draft materials is a type of formative evaluation used to help ensure that communications materials will work. Pretesting is used to answer questions about whether materials are

- understandable
- relevant
- attention-getting and memorable
- attractive
- credible
- acceptable to the target audience

These are factors that can make the difference in whether materials work or don't work with a particular group; they also involve value judgments on the part of the respondents and your interpretation of what they mean. Most pretesting involves a few persons chosen as representative of intended target audiences, and not a statistically valid sample (in number or selection method). That is, pretesting is generally considered "qualitative research"—research which can be interpreted somewhat loosely to provide clues about audience acceptance and direction regarding materials production and use.



Tips for Developing TV PSAs

- Keep messages short and simple—just one or two key points
- Be sure every point works
- Repeat the main message as many times as possible
- Identify the main issue in the first 10 seconds in an attention-getting way
- Summarize or repeat main point/message at the close
- Superimpose the main point on the screen to reinforce the oral message
- Recommend a specific action
- Demonstrate the health problem, behavior or skills (if relevant)
- Provide new, accurate, straightforward information
- Present the facts in a straightforward manner
- Use a memorable slogan, theme, music or sound effects to aid recall
- Be sure that the message presenter is seen as a credible source of information, whether an authority, celebrity or target audience representative
- Use only a few characters
- Select an appropriate approach (eg., testimonial, demonstration or slice-of-life format)
- Make the message understandable from the visual portrayal alone
- Use positive rather than negative appeals
- Emphasize the solution as well as the problem
- Use a light humorous approach, if appropriate, but pretest to be sure it works—and doesn't offend the audience
- Avoid high degrees of fear-arousal, unless the fear is easily resolved and the message carefully tested
- Be sure the message, language and style are considered relevant by the intended audience
- Use 30- or 60-second spots to present and repeat complete message; use 10-second spots only for reminders
- If the action is to call or write, show the phone number or address on the screen for at least 5 seconds, and reinforce orally (phone calls require less effort than writing for most people)
- Check for consistency with campaign messages in other media formats
- Use language and style appropriate for the target audience

Pretest prior to final production

. . . and remember, the most careful message planning won't replace the need for creativity!

Make Print Materials Easier to Read

Writing about health often requires the use of some technical language. However, the way your message is presented—the writing style, vocabulary, typography, layout, graphics and color can favorably affect whether it is read and understood.

Text should be:

- introduced, stating the purpose to orient the reader
- summarized at the end to review major points
- presented in short sentences, short paragraphs
- "broken up" with visuals placed to emphasize key points, text as "bullets," and titles or subtitles to reinforce important points
- written in the active, not passive, voice
- underlined, boldfaced, or "boxed" for reinforcement
- clarified with the use of examples
- tested for readability
- tested with the audience
- explained, if necessary, in a glossary (with key words defined within the sentence)

Try to avoid:

- jargon and technical terms or phrases
- abbreviations and acronyms.

Just as necessary as clear writing is text that is easy to read and graphics that help the reader understand and remember the text.

Graphics should be:

- immediately identifiable
- relevant to the subject matter and reader
- simple, uncluttered
- used to reinforce, not compete with the text.

Try to avoid:

- small type (less than 10-point)
- lines of type that are too long or too short
- large blocks of print
- "justified" right margins
- photographs that won't reproduce well
- less than professional-quality drawings (they may make your text appear less credible)
- technical diagrams.

A variety of procedures may be used to test messages and materials. The best methods for a particular program depend upon the nature of the materials, the target audience and the amount of time and resources available for pretesting. There is no formula for selecting a pretest methodology, nor is there a "perfect" method for pretesting. Methods should be selected and shaped to fit each pretesting requirement, considering the objectives of and resources available for each project.

Included here are descriptions of some frequently used methods of pretesting health concepts, messages and materials. In addition, sample questionnaires or other forms that have been developed for some of these methods are included in appendix C, for you to adapt. Each method carries with it benefits and limitations. Sometimes using *several* methods in combination will help overcome the limitations of individual procedures. For example, focus group interviews may be used to identify issues and concerns relative to a particular audience, followed by individual interviews to discuss identified concerns in greater depth. Readability testing should be used as a first step in pretesting draft manuscripts, followed by individual questionnaires or interviews regarding materials with target audience respondents. Central location interviews or theater testing of messages for television or radio permit contact with larger numbers of target audience respondents—especially useful prior to final production of materials. Following the descriptions of pretesting methods is a discussion of how to choose the most suitable method for a particular situation.

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Given the qualitative nature of most pretesting research, it is important to recognize its limitations.

- Pretesting cannot absolutely predict or guarantee learning, persuasion, behavior change or other measures of communication effectiveness.
- Pretesting in health communication is seldom designed to quantitatively measure small differences among large samples; it is not statistically precise. It will not reveal that booklet A is 2.5 percent better than booklet B. (Presumably, pretests of such precision could be applied, but the cost of obtaining such data would be high, and the findings may be no more useful than the diagnostic information from more affordable approaches.)
- Pretesting is not a substitute for experienced judgment. Rather, it can provide additional information from which you can make sound decisions.

It is important to avoid misuse of pretest results. Perhaps the most common error is to overgeneralize. Qualitative, diagnostic pretest methods should not be used to estimate broad-scale results. If 5 of the 10 respondents in a focus group interview do not understand portions of a pamphlet, it does not necessarily mean that 50 percent of the total target population will be confused. The lack of understanding among those pretest respondents suggests, however, that the pamphlet may need to be revised to improve comprehension. In sum, pretesting is indicative, not predictive.

Another problem that arises in health communication pretesting concerns interpretation of respondent reactions to a sensitive or emotional subject such as breast cancer or AIDS. Respondents may become unusually rational when reacting to such pretest materials, and cover up their true concerns, feelings and behavior. As a result, the pretester must examine and interpret responses carefully.

Producing Materials for Special Audiences

Although every target audience needs separate consideration to some extent, two kinds of audiences may require special message planning and materials development: ethnic minorities and patients.

Ethnic Minorities

Interaction with the target audience and "intermediaries" familiar with them is especially important when you are targeting ethnic minorities. Remember:

- use of a language may vary for different cultural groups (e.g., a word may have different meanings to different groups)
- differences in target groups extend beyond language to include diverse values and customs
- different kinds of channels may be credible and most capable of reaching minority audiences
- don't assume that "conventional wisdom," published research studies or "common knowledge" will hold true for minority audiences. The degree of assimilation and "mainstreaming" is ever-changing, so *current* information will be needed to choose the best channels and message strategies
- message appeals should be developed separately for each minority group, since their perceived needs, values and beliefs may differ from others
- print materials should be simply written, reinforced with graphics and pretested. People perceive graphics and illustrations in different ways, just as their language skills differ
- using bilingual materials will assure that intermediaries and family members who are most comfortable with English can help the reader understand the content
- print materials should never be simply translated from the English; concepts and appeals may differ by culture just as the words do
- audiovisual materials or interpersonal communication may be more successful for some messages and audiences.

Patients

Patients and their families facing a disorder or disease may require different information in different formats at various points in the disease continuum. Remember:

- all patients are not alike, and may have nothing in common except their illness. Therefore, their interests in information and ability to understand it may vary
- few patients and family members can handle everything they need to know at once, and may find it particularly difficult to absorb information at the time of diagnosis
- patients' information needs may change as they emotionally adjust to their illness.

Examples of What Pretesting Can Do

Assessing Comprehension
Understanding of health messages and materials is essential as a prior condition to acceptance.

By pretesting a slide-tape presentation on breast cancer, OCC learned that the presentation was considered clear and informative, but the narration needed to be slowed down so that all of the information could be better understood.

Assessing Attention and Recall
Television and radio PSAs and posters must first attract audience attention to work. These messages are rarely seen or heard in an isolated environment, and they must compete (e.g., with advertisements, news and entertainment) for attention.

After pretesting two different versions of television PSAs to promote exercise, program planners learned that the message showing runners talking about their own exercise experiences was remembered more often. A second message, which used special visual techniques and a voice-over announcer, was not effective in attracting the attention of pretest respondents.

Identifying Strong and Weak Points
This means making sure that all elements of the materials (e.g., message, format, style) are likely to work with the target audience.

A booklet on health risk appraisal contained a self-test for readers to complete. The pretest indicated that the booklet was considered interesting and informative. However, the instructions for scoring the test were confusing. Respondents needed clearer directions to calculate their scores.

Determining Personal Relevance
For the message to take effect, the audience must understand the problem, accept its importance in their lives and agree with the value of the solution for them.

Pretest results of a booklet on high blood pressure among hypertensives and a general audience revealed several important differences in the responses of these two groups. Hypertensives recalled and understood more specific points related to high blood pressure control than did the general audience group. Further, when asked whom the booklet was for, a higher proportion of hypertensives felt the booklet was "talking to someone like me."

Gauging Sensitive or Controversial Elements
Questions about audience sensitivity to subject matter often arise in developing health messages. Pretesting can help predict whether messages may alienate or offend target audiences.

Would a televised demonstration of breast self-examination on a live model be an affront to viewers? Pretest results of such a PSA indicated that respondents held a range of views about the propriety of this demonstration.

Pretesting offers both the opportunity and the temptation to structure the test and interpret the results to support or justify a preconceived point of view. It is natural to want your favorite concepts or messages to test well, but there is no need to test unless you are willing to consider the results objectively.

One final point: pretesting does not *guarantee* success. Good planning and sound pretesting can be negated by mistakes in final production. The message in a television PSA on cancer treatment, for instance, may pretest well, but then be flawed by an execution that uses an actress who seems too happy to be awaiting the results of a biopsy report. Similarly, leaflet copy that pretests well may be rendered ineffective by a poor layout, hard-to-read type, and inappropriate illustrations.

Pretesting Methods

The most frequently used pretesting methods are described below. These include:

- self-administered questionnaires
- central location intercept interviews
- theater testing
- focus group interviews
- readability testing
- gatekeeper review

Following these descriptions there is a summary chart on page 47 to help you compare the advantages and disadvantages of each method.

1. Self-administered Questionnaires

Self-administered questionnaires:

- enable program planners to elicit detailed information from respondents who may not be accessible for personal interviews (e.g., doctors, teachers or residents of rural areas)
- allow respondents to maintain their anonymity and reconsider their responses
- do not require interviewer time and can be done relatively inexpensively

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- can be answered by many respondents at once
- require time to locate respondents and secure their cooperation
- require follow up to increase response rates if mailed

Self-administered questionnaires also can be

- mailed to respondents along with the pretest materials
- distributed to respondents gathered at a central location
- used where personal interviews are not feasible
- an inexpensive pretesting technique for agencies with minimal resources

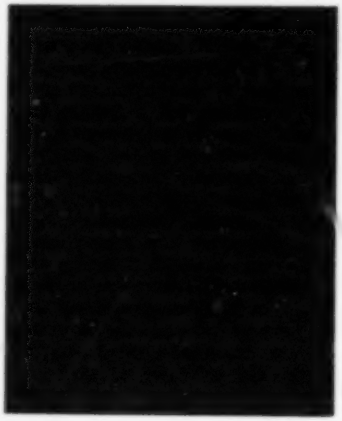
A self-administered questionnaire should be designed (see sample in appendix C), then pilot tested with 5 to 10 respondents. Usually, questionnaires and pretest materials are distributed to respondents whose participation is sought in advance, but they also may be mailed to potential respondents without advance notification. Respondents are asked to review the materials on their own, to complete the questionnaire and then to return it within a specified time.

The questionnaire should be relatively short and clear or respondents may not complete it. Clear, concise instructions to the respondent are important because there is no interviewer to offer clarification. Open-ended questions may be used to assess comprehension and overall reactions to materials and close-ended questions to assess such factors as personal relevance and believability of the material. Measures of attention or recall may not be reliable when used with this technique since respondents may refer back to the material.

Resources are invested primarily in questionnaire development and analysis of results. The latter expense can be kept to a minimum by using many close-ended questions.

Self-administered questionnaires have certain disadvantages.

- The primary problem with this technique is the possibility of a low response rate.
- It is important to over-recruit respondents and recontact respondents to encourage them to return their questionnaires to ensure a sufficient number of returns.
- The data collection may take longer than with other methods (e.g. central location intercept interviews) because of delays in responses, especially if the questionnaires are mailed.
- The type of respondents who return the questionnaires may be different from those who do not respond, and this approach cannot be used with respondents who have reading and writing limitations. Hence, a certain degree of bias may be introduced and results should be interpreted with this in mind. (Contacting those who did not respond by telephone will permit a comparison of respondent/nonrespondent answers.)



2. Central Location Intercept Interviews

Central location intercept interviews involve stationing interviewers at a point frequented by individuals from the target audience and asking them to participate in the pretest. There are two advantages to this.

- a high traffic area (e.g., a shopping mall, hospital waiting area or school yard) can yield a number of interviews in a reasonably short time.
- a central location for hard-to-reach target audiences can be a cost-effective means of gathering data.

A typical central location interview begins with the intercept. Potential respondents are stopped and asked whether they will participate. Then specific screening questions are asked to see whether they fit the criteria of the target audience. If so, they are taken to the interviewing station—a quiet spot at a shopping mall or other

site—are shown the pretest materials, and asked questions. The questions may help assess:

- comprehension
- individual reaction
- personal relevance
- credibility
- recall (if test situation includes exposure to the materials prior to the interview).

Although the respondents intercepted through central location interviews may not be statistically representative of the target population, the sample is usually larger than those used in focus groups or individual in-depth interviews.

Unlike focus groups or in-depth interviews, the questionnaire used in central location intercept pretesting is highly structured and contains primarily multiple choice or close-ended questions to permit quick response. Open-ended questions, which allow "free flowing" answers, should be kept to a minimum because they take too much time for the respondent to answer and for the interviewer to record responses. The questionnaire, as in any type of research, should be pilot tested before it is used in the field. A sample questionnaire is included in appendix C.

A number of market research companies throughout the country conduct central location intercept interviews in shopping malls. Clinic waiting rooms, churches, Social Security offices, schools, worksites or other locations frequented by individuals representative of the target audience also can be used for this purpose. It is advisable to obtain clearances or permission to set up interviewing stations in these locations well in advance.

Posters can be tested in the kind of setting (e.g., a clinic waiting room or schoolroom) where they will be used. Posters should be mounted on a wall along with other materials—just as they are expected to be used—where the target audience passes, gathers or waits. Selecting respondents from among those who have been "exposed" to the poster in its "natural setting" prior to the interview, and then moving to a nearby but separate location to ask questions will permit an assessment of factors such as comprehension and personal relevance, and also whether:

- the material attracts attention
- the respondent can recall the material when exposed to it in a "natural" setting.

The major advantage of the central location intercept approach is its cost-effectiveness for interviewing large numbers of respondents in a short amount of time. Because these interviews are intended to provide guidance ("qualitative" information), the size of the sample should only be large enough to give you answers to your pretest questions. If you have interviewed 50 respondents and most of them feel similarly about your materials, you are probably ready to stop. If, however, there are substantial disagreements or differences between respondents, or their responses have raised new questions, additional interviews should be conducted until you are satisfied that you have clear direction from the respondents. You may decide to revise (and perhaps test again) after fewer interviews if it is clear that changes are needed.

Designing a central location intercept pretest can be relatively easy. A few simple questions ("Do you smoke?" "How old are you?" "Do you have teenaged children?") can identify respondents typical of the target audience quickly at the point of intercept. Questions to assess comprehension and target audience perceptions of the pretest materials form the core of the questionnaire (see appendix C). A few additional questions, tailored to the specific item or items being tested ("Do you prefer this picture—or this one?"), also may be constructed to meet program planners' particular needs. The interview should be no longer than 15-20 minutes. If it must be longer, you may need to design special incentives to convince the respondent to continue the interview (e.g., a small fee or gift, or a plea regarding the importance of the subject and their opinions).

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Central location interview: The interview should not be used if respondents must be interviewed in depth or on emotional or very sensitive subjects. The intercept approach also may not be suitable if respondents are likely to be skeptical or resistant to being interviewed on the spot (e.g., commuters anxious to return home). Although it is time-consuming to set up prearranged appointments, they may actually save time if respondents may not be willing to cooperate in a central location.

3. Theater Testing

"Theater" tests are so-called because they gather a large group of respondents to react, usually to audio or audiovisual materials, into a room (or "theater"-style setting) at once. Commercial services conduct theater-style tests for advertising agencies; this technique can be adopted for health messages. In commercial theater testing, approximately 300 respondents are recruited by telephone to a central location, such as a hotel. Respondents are asked to watch a "pilot" television program to judge whether it should be aired. Commercials are included in the program; some are control (constant) spots; others are being tested. At the conclusion of the program, respondents are asked whether they recalled any commercials (or PSAs), and then asked questions regarding content and personal relevance. A similar sequence can be used to test radio commercials.

Theater testing quickly gathers a large number of responses. Unlike some other pretest methods, the materials being tested are imbedded within a program, with commercials, to simulate a natural viewing situation. This permits the assessment of how likely the audience is to pay attention to and remember the message.

Because commercial testing services are costly, a guide to conducting your own theater-style tests is included in appendix D. You can choose a setting where the target audience gathers and where they can assemble in a large group (e.g., a senior citizen center, a school auditorium) to conduct your own theater-style test.

4. Focus Group Interviews

Focus group interviews are a form of qualitative research adapted by market researchers from group therapy. Also called exploratory group sessions, they are used to obtain insights into target audience perceptions, beliefs and language. Focus group interviews are conducted with a group of about 8 to 10 people. Using a discussion outline, a moderator keeps the session on track while allowing respondents to talk freely and spontaneously. As new topics related to the outline emerge, the moderator probes further to gain useful insights.

Focus group interviews are especially useful in the concept development stage of the communication process. They provide insights into target audience beliefs on a health issue; allow program planners to explore perceptions of message concepts; and help trigger the creative thinking of communication professionals. The group discussion stimulates respondents to talk freely, providing valuable clues for developing materials in the consumers' own language, and suggestions for changes or new directions.

In the planning stages of program development focus groups can be used to develop the hypotheses (or broad study issues) for larger quantitative studies. Focus groups also can help determine public perceptions, misconceptions and attitudes before a questionnaire is developed and the field research is conducted.

Focus groups also can be used to supplement quantitative research. Market researchers originally developed this technique to explore in greater depth the data from large scale consumer surveys. Obtaining in-depth information from individuals typical of the target audience can provide insights into what the statistical data mean, or why individuals respond in certain ways.

As with all respondents, those selected for focus groups should be typical of the intended target audience. Various subgroups within the target audience may be represented in separate group discussions, especially when discussing sensitive or emotional subjects, to segregate respondents by age, sex, race or whatever other variable is likely to hinder freedom of expression. Teenage girls are less likely to be inhibited in discussing sexual activity, for instance, if their parents, or teenage boys, are not in the group. Respondents are recruited 1 to 3 weeks in advance of the interview sessions, usually by telephone. They may be recruited using the telephone directory, and interviewed by phone to determine if they qualify for the group. Or, they may be recruited from among members of a relevant organization, place of employment or other source. Recruiting respondents "at random" is *not* required because the results from focus group research are not intended to be statistically representative.

There are several important criteria for conducting effective group interviews. Ideally, respondents should not know the specific subject of the sessions in advance, and they should not know each other. Knowing the subject may result in respondents formulating ideas in advance and not talking spontaneously about the topic during the session. Knowing other respondents may inhibit individuals from talking freely. Finally, all respondents should be relative "newcomers" to focus group interviews. This permits more spontaneity in reactions and eliminates the problem of "professional" respondents who may lead or monopolize the discussion. For the same reasons you may want to exclude health professionals and market researchers from focus groups.

There is no firm rule about the number of focus groups that should be conducted. The number of groups depends upon program needs and resources. If target audience perceptions appear to be comparable after a few focus groups (you'll need at least two groups to make this decision), you may not find out any more by convening additional sessions. If perceptions vary, and the direction for message development is unclear, additional groups may be beneficial. In this case, revisions in the discussion outline after several groups can help clarify unresolved issues in the additional groups.

An experienced, capable moderator, who can skillfully handle the group process, should be used. The moderator does not need to be an expert in the subject matter being discussed; rather, a good moderator builds rapport and trust and should probe respondents without reacting to, or influencing, their opinions. The moderator must be able to lead the discussion, and not be led by the group. The moderator must emphasize that there are no right or wrong answers to questions posed. A good moderator understands the process of eliciting comments, keeps the discussion on track, and makes it clear that he or she is not an expert on the subject. You will need to rehearse with the moderator to point out any topics or concerns you want emphasized, or discussed in more depth.

As noted earlier, the results of focus group interviews should be interpreted carefully. It is useful for an unseen observer (e.g., behind a one-way mirror) to take notes as well as to tape record or videotape the session for later review. In interpreting the findings from group interviews, you should look for trends and patterns in target audience perceptions rather than just a "he said . . . she said" kind of analysis.

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Group discussion should not be used when individual responses or quantitative information are needed. For example, when assessing the final copy for a booklet, it is more important to gather individual rather than group reactions to indicate the individual's actual comprehension, perceptions and potential use. However, self-administered questionnaires can be completed by each participant prior to beginning a group discussion to combine individual and group reactions.

5. Readability Testing

"Readability testing" simply predicts the approximate educational level a person must have in order to understand written materials. Health information materials such as pamphlets, flyers, posters and magazine articles are designed for distinct target groups. A readability test will indicate if a printed piece is written at a level most of the audience can understand. Assessing the readability of a pamphlet or another printed message will not guarantee its effectiveness, and is by no means an absolute indicator of success.

Readability formulae use counts of language variables such as word and sentence length. The formulae have been devised statistically to predict readability scores. Generally speaking, the reading level required to understand a given pamphlet will be higher when its sentences are long and/or when a large number of polysyllabic words is found within the text.

It is important to note that readability formulae measure only the structural difficulty (i.e., vocabulary, sentence structure and word density) of written text. They do not measure other factors related to how "readable" a certain text is, such as sentence "flow", conceptual difficulty, organization of material, the influence of format or design of materials on comprehension, accuracy or credibility. Readability tests are conducted by program staff and do not include participation by the audience for whom the materials are being produced. Consequently, readability testing supplements but does not supplant the need to pretest with the target audience.

Despite its limitations, readability testing is useful because it:

- is quick
- is virtually without cost
- provides a tangible measure
- reminds the writer to choose words and terms carefully.

Based on a review of the advantages, disadvantages and predictive validity of 12 selected readability formulae, the NCI Office of Cancer Communications chose the SMOG grading formula for testing the readability levels of its public and patient education materials. SMOG was chosen because it is both simple to use and accurate. Complete instructions for using the SMOG readability test to print materials are included in appendix B.

Health and medical subjects often include many polysyllabic words and complex terms. readability formulae have not been designed to take into account the special terminology used in describing health subjects. In some cases, extensive use of multisyllabic words known to be understandable to a particular audience (e.g., "cigarette") may lead to an unwarrantedly high

Readability Scores of Selected Magazine Articles

You may want to compare the scores of your materials to those of these health-related consumer magazine articles:

Publication/ Article	SMOG Grade	SMOG ±1.5 Grades
Ebony		
"A Simple Test for Breast Cancer"	11	9.5-12.5 grade level
"Project Hi Blood"	11	9.5-12.5 grade level
"Is There a Male Change of Life?"	12	10.5-13.5 grade level
Reader's Digest		
"Say No to Your Children"	9	7.5-10.5 grade level
"What Smoking Does to Women"	12	10.5-13.5 grade level
"Cigarettes and Sudden Death"	13	11.5-14.5 grade level
Ladies' Home Journal		
"(en-do-me-tri-o'sis)"	14	12.5-15.5 grade level
"What You Need to Know About the New Breast Cancer Therapy Everybody's Discussing"	14	12.5-15.5 grade level
Time		
"The Joseph Illness"	12	10.5-13.5 grade level
"Kidney in a Suitcase"	13	11.5-14.5 grade level

readability score. Therefore, as with all pretesting, readability test results should be used as indicative and not predictive of problems or success.

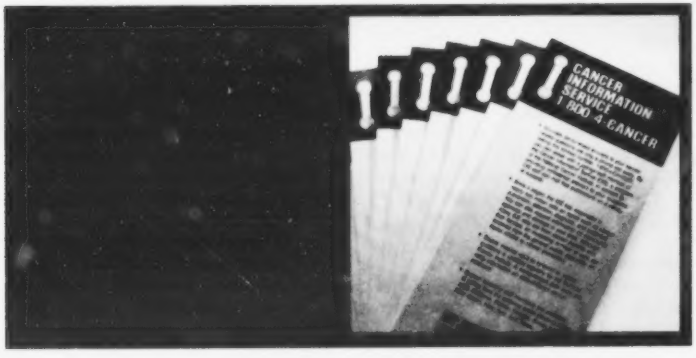
6. Gatekeeper Review

Often, public and patient education materials are routed to their intended target audiences through health professionals or other intermediaries such as organizations that can communicate for you to their members. These intermediaries act as "gatekeepers," controlling the distribution channels for reaching your target audiences. Their approval or disapproval of materials may be a critical factor in a program's success. If they do not like a poster or a booklet, or do not believe it to be credible or scientifically accurate, it may never reach the intended audience. Also, because they may be in closer touch with the target audience than you are, they may provide good advice about whether the audience will accept the materials.

Although not a pretesting technique in the strictest sense of the term, gatekeeper review of rough materials is important and should be considered part of the formative evaluation process. It is not a substitute for pretesting materials with target audience representatives. Neither is it a substitute for obtaining clearances or expert review for technical accuracy; these should be completed before pretesting is undertaken. Sometimes telling the gatekeeper that technical experts have reviewed the material for accuracy may provide reassurance and hasten gatekeeper approval.

Gatekeeper reviews may be conducted simultaneously with target audience pretesting so that data from both groups can be gathered, analyzed and synthesized to provide direction for revising materials. A short, self-administered questionnaire may be directed to individuals representative of the gatekeeper population. A sample is included in appendix C. Questions may include overall reactions to the materials and assessments of whether the information is appropriate and useful.

In other cases, there may be no formal questionnaire, but rather a telephone or personal conversation or meeting held to review and comment on (or approve) materials. If there is no questionnaire, you should consider in advance what kind of questions you want to ask in the meeting or interview and whether or not you need formal approval of the materials. A discussion with gatekeepers (e.g., a television PSA director, the executive director of a medical society) at this point can also be used to introduce your program and solicit their involvement in a variety of ways beyond materials development. (See Stage 4: Implementing Your Program.)



Determine What and How Much to Test

Qualitative research should be conducted in the early stages of program development before full funds have been committed to materials production and messages can be changed if necessary. As noted earlier, testing can be useful at the concept development stage, once audiences and communication strategies have been determined, and prior to message development. Exploration with the target audience at this stage, most frequently through focus group discussions, can help determine appropriate message appeals (e.g., fear arousing vs. factual), spokesperson (e.g., a scientist, public official or member of the target audience) and appropriate language (determined by listening to the group discussion).

Testing of drafted materials prior to final production permits identification of flaws prior to the expenditure of funds for final production, and especially prior to the use of materials with target audiences.

Completed information materials are sometimes tested prior to beginning a new phase of a pre-existing program.

A combination of methods can be used to assess an audience's comprehension, the message's believability, personal relevance, acceptability and other strong and weak points. Methods should be selected to suit the purpose of the testing, the sensitivity of the subject and the resources available for testing. Adequate investigation is especially important when developing sensitive or potentially frightening messages, presenting complex, new information or designing a new program. In these cases, pretesting can reveal potential problems, but must be carefully structured, conducted and analyzed.

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Qualitative research responses cannot be considered representative of the public or projectable to the population as a whole. If projectable data are required, more formal methodologies should be used. However, for most pretesting purposes, qualitative methods may be more valuable because they provide insights into thinking and reasons for attitudes or misunderstandings that are vital to help refine messages and materials.

When deciding when, whether and how much you should use pretest methods in developing your program, consider

- How much do you know about the target audience?
- How much do you know about them in relation to your health problem or issue?
- Is your issue or program new, controversial, sensitive or complex?
- Have you conducted related research that can be applied to this topic?
- Can you afford to make a mistake with a particular message or audience?

Plan and Conduct Pretests

The level of effort and staff resources required will vary considerably from one pretest to the next. Most pretesting is conducted with small samples consisting of respondents who are typical of the target audience and who are easily accessible. These results, combined with your professional judgment, provide important direction for improving messages and materials.

This section provides practical suggestions for how to plan and implement pretests. These suggestions should help you reduce the time and costs involved, whether or not commercial research firms are hired to supply field work and tabulation. The cost estimates in the chart on page 50 are for direct costs only; not included are staff time to provide direction or other support you would provide to the firm conducting the test. In some cases, you may reduce these costs by conducting pretests on your own, with the help of an expert. Some market researchers will tell you that bad research is worse than no research, and you must use professionals; others say that with proper instruction, you can do some testing on your own. Both points of view are valid; venture on your own with care.

Designing the Questionnaire

As in the planning stage of program development, a first step in planning a pretest is to formulate the research objectives. These objectives should be stated specifically to provide a clear understanding of what you want to learn. Measures of attention, comprehension, believability and personal relevance are key. Other specific questions to identify strengths and weaknesses in rough messages and materials also should be developed based on the pretest objectives. Questions should not be asked just to satisfy someone's curiosity.

There are several ways to keep pretesting costs down:

- keep the questionnaire short and to the point
- try to use as many close-ended or multiple choice questions as possible for easy tabulation and analysis
- try to develop codes for quantifying responses in advance when open-ended questions are necessary
- whenever possible, borrow questions from other pretesting research.

Sample questionnaires are included in appendix C as one resource.

Recruiting Respondents

If your budget does not allow you to hire a market research firm to recruit, you can recruit respondents yourself. A small donation may encourage members of local church, school, civic or social organizations to participate in a pretest.

An incentive is often used to help ensure that respondents participate in a pretest. Small amounts of money ($5-$30), gifts, movie passes or a free dinner may be offered as an incentive to participants. Another way to ensure sufficient participation is to recruit more people than are actually needed. Often respondents who agree to participate do not show up. If all participants do show up, they should be included in the pretest, or the "extra" respondents should be informed that too many respondents are present, given the agreed-upon incentive, thanked, and asked to leave.

Pretest Methods: Summary

I. Individual

a. ***Self-administered Questionnaires*** (mailed or personally delivered)

Purpose—To obtain individual reactions to draft materials

Application—print or audiovisual materials

Number of Respondents—Enough to see a pattern of response (Minimum 20; 100-200 ideal)

Resources Required—List of respondents; Draft materials; Questionnaire; Postage (if mailed); Tape recorder or VCR (for audiovisual materials)

Pros—Inexpensive; Does not require staff time to interact with respondents (if mailed); Can be anonymous for respondents; Can reach homebound, rural, other difficult to reach groups; Easy and (usually) quick for respondents

Cons—Response rate may be low (if mailed); May require follow-up; May take long time to receive sufficient responses; Respondents self-select (potential bias); Exposure to materials isn't controlled; May not be appropriate if audience has limited writing skills

b. ***Individual Interviews*** (phone or in person)

Purpose—Probe for individual's responses, beliefs, discuss range of issues

Application—Develop hypotheses, messages, potentially motivating strategies; Discuss sensitive issues or complex draft materials

Number or Respondents—Minimum of 10 per type of respondent

Resources Required—List of respondents; Discussion guide/questionnaire; Trained interviewer; Telephone or quiet room; Tape recorder

Pros—In-depth responses may differ from first response; Can test sensitive or emotional materials; Can test more complex/longer materials; Can learn more about "hard-to-reach" audiences; Can be used with individuals who have limited reading and writing skills

Cons—Time consuming to conduct/analyze; Expensive, and may yield no firmer conclusion or consensus

c. ***Central Location Intercept Interviews***

Purpose—To obtain more quantitative information about materials/messages

Application—Broad range, including concepts, print, audiovisual materials

Number of Respondents—60-100 per type (enough to establish pattern of response)

Resources Required—Structured questionnaire; Trained interviewers; Access to mall, school, other location; Room or other place to interview; Tape recorder or VCR (for audiovisual materials)

Pros—Can quickly conduct large number of interviews; Can provide "reliable" information for decision-making; Can test many kinds of materials; Quick to analyze close-ended questions

Cons—Short (10 min.) interviews; Incentive/persuasion needed for more time; Cannot probe; Cannot deal with sensitive issues; Sample is restricted to individuals at the location; Respondents choose to cooperate and may not be representative

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Pretest Methods: Summary *continued*

II. Group

a. Focus Group Interviews

Purpose—To obtain in-depth information about beliefs, perceptions, language, interests, concerns
Application—Broad; concepts, issues, audiovisual or print materials, logos/other artwork
Number of Respondents—8-12 per group; Minimum 2 groups per type of respondent
Resources Required—Discussion outline; Trained moderator; List of respondents; Meeting room; Tape recorder; VCR (for audiovisual materials)
Pros—Group interaction and length of discussion can stimulate more in-depth responses; Can discuss concepts prior to materials development; Can gather more opinions at once; Can complete groups and analyses quickly; Can cover multiple topics
Cons—Too few respondents for consensus or decision-making; No individual responses (group influence) unless combined with other methods; Can be expensive; Respondents choose to attend, and may not be typical of the target population

b. Theater Testing

Purpose—To test audiovisual materials with many respondents at once
Application—Pretest audio or audiovisual materials
Number of Respondents—80-100 per type (enough to establish a pattern of response)
Resources Required—List of respondents; Questionnaire; Large meeting room; AV equipment
Pros—Can test with many respondents at once; Large sample may be more productive; Can be inexpensive; Can analyze quickly
Cons—Few open-ended questions possible; Can require more elaborate preparation; Can be expensive if incentives required

III. Nonparticipatory

a. Readability tests

Purpose—To assess reading comprehension skills required to understand print materials
Application—Print materials
Number of Respondents—None
Resources Required—Readability formula; 15 minutes
Pros—Inexpensive; Quick
Cons—"Rule of thumb" only/not predictive; Does not account for health terminology; No target audience reaction

	Nonparticipatory	Qualitative		Qualitative or Quantitative			
	Readability Tests	Focus Groups	Self Tests	Individual Interviews	Central Location Interviews	Mail Questionnaires	Theater Tests
1. Concept Development		X		X	X		
2. Poster	X	X			X		
3. Flyer	X	X	X	X	X	X	
4. Booklet	X	X	X	X	X	X	
5. Notification Letter	X	X	X	X	X	X	
6. Storyboard		X			X		
7. Radio PSA		X			X		X
8. TV PSA		X			X		X
9. Videotape		X					X

Other ways to increase participation include:

- scheduling the pretest at a time that is most convenient for respondents (e.g., at lunch or after work)
- choosing a safe and convenient site
- providing transportation
- arranging for child care during the time of the pretest, if necessary.

Recruiting patients or their families must be given special consideration. Clinics, hospitals or local HMOs can be contacted for help, and adequate plans should be made to ensure that the respondents are not inconvenienced. Human subjects' clearance may be needed before proceeding. Cooperation with the medical staff and a concern for the physical and emotional status of the patient and family (especially if the patient needs a family member's assistance to attend) must be considered in planning the pretest.

Identifying Interviewers

Trained interviewers should be used whenever possible. For focus group and in depth interviews, this is essential. If your agency has no experience in focus group studies, you might consider hiring a good, experienced moderator, observing and taping the sessions and using them as training to develop in-house skills. Local advertising agencies may be of assistance in identifying a good moderator. Continuing education courses in interpersonal communication or group interaction also may be useful for staff training or identifying potential interviewers.

For conducting central location interviews, university and college departments of marketing, communications or health education might be able to provide interviewer training and student interviewers. Pretesting a poster or an advertisement is an excellent "real world" project for a faculty member to adopt as a class project. Students in these departments are being trained in research methods, and pretesting can give them a chance to develop their skills.

Facilities

Pretesting facilities should be quiet and comfortable. Meeting rooms at churches, office buildings or other institutions can be used for conducting focus group or individual in-depth interviews. If an observation room with a one-way mirror is not available, you may allow staff to listen by hooking up speakers in a room nearby, or by audiotaping or videotaping the session.

Getting Help

Many resources exist for obtaining professional assistance in pretesting. As mentioned in the previous section, the faculty at university departments of marketing, communications, health education, psychology or sociology can be helpful in designing and conducting pretests. Marketing research firms that specialize in respondent recruitment, interviewing, tabulation and other services may have facilities for conducting group sessions and other techniques. The American Marketing Association's *Marketing Services Guide* lists suppliers and services geographically throughout the United States. Also, advertising clubs (many affiliated with the American Advertising Federation), and chapters of the Public Relations Society of America may undertake public service projects at no charge to nonprofit organizations. Other sources include the Marketing Research Association, and the Association of Public Opinion Researchers.

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Estimated Costs of Pretesting, 1988

These estimated costs are included to suggest how you should budget for pretesting *using commercial research firms. Actual costs will vary* depending upon geographic location, audience to be recruited, amount of effort contributed by staff, companies and respondents. The potential for such contributions may be significant for some health issues. However, be careful not to jeopardize the quality of results with a too-skimpy budget.

Qualitative Studies
(Estimated costs for 10 general population respondents for 1.5 hours)

	Focus Group (One)	*Individual In-depth Interviews (Ten)*
a. Questionnaire development	$ 100- 300	$ 200- 500
b. Recruitment	350- 600	400- 600
c. Respondent Fees	0- 400	0- 300
d. Facilities, Travel	250- 500	150- 500
e. Moderator/Interviewer	300- 500	400- 600
f. Analysis and Report	300-1800	450-2500
Total	$1300-4000	$1600-5000

Quantitative Surveys
(Estimated costs for 100 general population respondents for 15-20 minutes)

	Door-to-Door	*Central Location (Intercept/ Single Site)*	*Telephone (Local)*	*Mail*
a. Questionnaire Development	$ 400- 3000	$ 200-3000	$ 400-3000	$ 500-3000
b. Questionnaire Production + Travel/Facility Phones/Mail	400- 1000	200- 500	300- 500	100- 300
c. Screen/ Conduct Interviews	2500- 4000	1500-2000	1000-1500	0
d. Code/ Keypunch/ Tabulation	500- 1000	500-1000	500-1000	500-1000
e. Analysis & Report	1000- 3000	1000-3000	1000-3000	1000-3000
Total	$4800-12,000	$3000-9500	$3000-9000	$2100-7500

Note: Although many costs increase consistently with increases in sample size, "Questionnaire Development" and "Analysis/Report" increase more slowly, reducing the cost-per-interview with larger samples.

One caution: individuals trained in commercial testing may not be completely aware of all the nuances and subtleties involved in health communication. They will be able to draw on their commercial experience for selecting the appropriate pretest methodology. However, there are other factors such as the wording and interpretation of questions and results that are influenced by the complexities of health information. The old adage that managers should know enough about each facet of their business to manage their experts holds true for pretesting. You should be prepared to supervise and guide your consultants.

Summary

To yield useful results, a pretest should be planned carefully. Ample time should be allowed for:

- contracting with research firms (if necessary)
- arranging for the required facilities (1-2 weeks)
- developing and testing the questionnaire (2-3 weeks)
- recruiting interviewers and respondents (2-4 weeks)
- gathering the data (1-2 weeks)
- analyzing the results (1 week)
- making the appropriate alterations in messages or materials
- pretesting again, if needed.

And adequate pretesting should include:

- carefully defining the target audience
- recruiting from that audience
- considering tests with "gatekeepers" or intermediaries
- defining the purpose of materials prior to designing questionnaire

- locating a trained interviewer and interpreter for some tests
- carefully assessing results
- considering using a "mix" of methods to tailor your pretesting to your needs.

Without adequate planning, pretesting may not serve its intended purpose—to improve your messages and materials. Instead, it could become expensive research that is of little or no use.

Selected Readings

Allman, William F., "Staying Alive in the 20th Century," *Science 85*, pp. 31-41, October 1985.

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Excuses for Avoiding Pretesting

"I don't have the time or money."
Pretesting needs to be included as one step in your program development process from the beginning. Time and resources for the pretest *and* for any changes you might need to make as a result of the pretest should be included in your project plans. Otherwise, you may not have the funds, and your boss may see the time for pretesting and alterations in materials as a delay in production rather than evidence of careful program development.

"My boss won't support pretesting."
Use the information in this guide and in the Suggested Readings to convince him or her that you need to pretest. Beautiful materials and an elegant program design can't guarantee that the target audience will pay attention, understand and relate to your messages. It's cheaper to find out whether the materials have a chance to work before they are produced than to have to start over later, or worse—have an unsuccessful program. Once you have pretested, be sure to explain to your superiors (in person or in a report) how it worked and what resulted. Build a case for their acceptance of future pretesting. Using quotes from the target audience or anecdotes to illustrate your findings can make your report more interesting and memorable.

"I can tell the difference between good and bad materials—I don't need to pretest."
Many people have said this over the years, only to find out they can be wrong. Your training and experience are essential credentials, but are you sure you can react objectively to materials you have created or are responsible for? Can you really assume the role of someone who is different from you (if you are not representative of the target audience) and see your materials through their eyes? Can you defend your decision with those who may disagree without objective evidence?

"Our artist/producer says that pretesting can't be used to judge creativity."
Graphics staff, artists and creative writers may be sensitive to criticism from "nonprofessionals," including the target audience. Explaining the purpose of pretesting or involving them in the pretest process may help them understand and appreciate the process. You should explain that you are testing all elements of the communication—your original communication strategies, the message, the presentation—and not just their work. All elements will be judged regarding their contribution towards the piece. By testing *alternative* creative concepts you can provide the creative staff with direction without telling them their work "failed."

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Prepare to Introduce Program

At this point a number of actions occur simultaneously in order to get ready to introduce the program. Before it begins, materials must be available in sufficient quantities; program "kickoff" and promotion plans in place; "gatekeepers" representing channels of implementation briefed and progress tracking measures developed. For example, if you plan to

- use the mass media to introduce the issue and your new program (e.g., at a press conference)

- work with voluntary organizations to provide followup (e.g., presentations at their meetings) and
- ask the interested public to seek additional information from their physicians.

Before you "kickoff" your program, consider

- Do you have a list of all the relevant media outlets to be contacted?
- Does every organization that should be involved know about your program?
- Have you prepared your staff and others to respond to inquiries?
- Do you have sufficient materials to start the program (e.g., PSAs and press kits) and respond (e.g., leaflets for the public)?
- Are the materials in place (e.g., in television stations, physicians' offices, schools or supermarkets)?
- Are professionals in the community aware of the new program and prepared to respond if asked (e.g., counsel their patients)?
- Do you have mechanisms in place to track progress (e.g., number and nature of inquiries) and identify potential problems (e.g., insufficient supplies of materials)?

Your program implementation should indicate how and when resources will be needed, when specific events will occur and at what points you will assess your efforts.

The Importance of Tracking Progress

Once your program is under way, you may not be able to anticipate all contingencies that may arise, but you can plan ways to identify potential problems. You should build a monitoring system into your program to help you identify any problems, flaws or oversights regarding materials, implementation strategies or channel selection *before* they become major impediments to success.

Often, problems are quickly correctable if you can identify them, but can cause harm if you don't. For example, if you ask the public to call for more information, you should provide a mechanism (e.g., a simple response form) for telephone operators to record questions asked and answers given. A frequent review of responses will identify whether incorrect or inadequate information is being given, any new information required to respond, and inquiry patterns.

Frequently, program implementation takes longer than you might expect—materials may be delayed at the printer, a major news story may preempt your publicity or a new priority may delay community participation. A periodic review of planned tasks and time schedule will help you alter any plans that might be affected by unexpected events or delays. There is nothing wrong with altering your plans to fit the situation—keeping in mind what you are trying to achieve. In fact, you may risk damaging your program if you aren't willing to be flexible and alter specific activities when needed.

Process evaluation—tracking how and how well your program is working—can provide tangible evidence of program progress, often useful to provide encouragement and reward to participants and evidence of success to your own agency. It can also assure that the program is working the way in which you planned—a vital assurance prior to undertaking any more formal outcome evaluation. (A more complete discussion of evaluation is included in stage 5.)

A program to increase the number of households checked for radon exposure was designed to educate children in the classroom about the hazards of radon and have them take home materials to encourage their parents to have their house tested. The program provided teacher training and classroom materials, but after allowing sufficient time for the teachers to complete their instruction, there was an insignificant increase in requests for home checks for radon. The program managers concluded that using children to influence their parents was an ineffective strategy. However, upon a more careful review of what happened, program staff discovered that teachers did not send home materials with the children: they had been given master copy suitable for xeroxing, but not suitable for mimeographing. Because they only had access to a mimeograph machine, the materials were not used.

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Establish Process Evaluation Measures

To help avoid overall program dysfunction because specific tasks aren't working, you should make sure that program checks are in place. Mechanisms in place should track:

- work performed, time schedules and expenditures (internal measures)
- publicity, promotion and other outreach
- participation, inquiries or other responses
- functioning and quality of response systems (distribution, inquiries, response)
- interim changes of audience awareness, knowledge or actions.

Some ways of tracking include:

- weekly materials inventory review
- clipping services of print media coverage
- "bounceback" cards or followup phone calls with television and radio stations
- monitoring logs of television/radio stations for frequency and time of PSA airings
- monitoring volume of inquiries and length of time to reply
- reviewing telephone responses for accuracy and appropriateness
- checking distribution points to assess materials use (and make sure that materials are still available)
- phone calls or meetings with participating organizations to review progress and problems
- focus groups or telephone interviews with program participants/target audience members
- followup with teachers, physicians or other community professionals to check their preparedness, interest and to identify problems.

Work With Intermediaries

You may have planned to use just one or a combination of media, interpersonal and community channels for your program. However, once your program is visible, others may be willing to help. You may have opportunities to expand the number and kinds of channels involved. Although how your program expands depends upon your resources and communication strategies (stage 1), these opportunities can make program implementation exciting and challenging. Some program managers may believe that the most creative (and rewarding) step is materials development. Actually, creative *use* of messages and materials is essential to success, creates tangible evidence of progress and can be very rewarding.

Working with organizations or individuals outside of your own agency is almost always necessary to reach a target audience. These organizations (e.g., a television station, hospital, PTA) or individuals (e.g., a family physician, pharmacist, visiting nurse) are "intermediary" channels to reach the target audience.

"Intermediaries" can help you by providing:

- access to a target audience
- more credibility for your message or program because the target audience considers them to be a trusted source
- additional resources—either tangible or intangible (e.g., volunteers)
- added expertise (e.g., training capabilities)
- co-sponsorship of community events.

Although the Office of Cancer Communications has found using intermediaries essential to fulfilling their program expectations, there are drawbacks that you should recognize and prepare for. Working with other organizations can:

- be time consuming—to locate, convince them to work with you, gain internal approvals, undergo planning and/or training
- require altering your program—every organization has different priorities and perspectives, and intermediaries may want to make minor—or major— program changes to accommodate their structure or needs
- result in loss of "ownership" and control—because other organizations may change the time schedule, functions, or even the messages, and take credit for their part (or all) of the program.

You should be aware of these possibilities and be prepared to decide how much "give and take" you will be able to allow without violating the integrity of your program, its direction, and your own agency procedures. Balancing these decisions will require strategic thinking. You—or the staff person responsible for working with intermediaries—should also be:

- a good manager, to balance all program components
- a team player, to work with these organizations
- diplomatic and willing to negotiate
- willing to share credit for success

Choose Intermediaries

Working with other organizations is time consuming as well as profitable. In order to make the best use of your staff time available, follow these steps:

- make a list of potential intermediary organizations
- find out which agencies would reach the most of your audience
- consider which might have the greatest influence with your audience
- think about which organizations you are most likely to be able to convince to work with you (e.g., where you know a person to contact)
- think about which would require less support from you (e.g., fewer of your resources)
- prioritize list of organizations according to the factors listed above
- make contacts in priority order

Steps for Involving Intermediaries in Your Program

1. Choose organizations, agencies or individuals (e.g., physicians) who can reach and influence your target audience.
2. Involve representatives of the organizations you want to work with as early as possible in program planning.
3. Give them advance notice so that they can build their part of the program into their schedule, and negotiate what will be expected of them.
4. Allow them to personalize and adapt program materials to fit their situations and give them a feeling of "ownership" (but don't let them stray "off strategy").
5. Ask them what they need to implement their part of the program. Beyond the question of funding, consider other assistance, training, information or tools that would enable them to function successfully.
6. Gently remind them that they have responsibility for their activities; help them do it—but don't do it for them.
7. Provide them with new local/regional/national contacts or linkages that they will perceive as valuable for their ongoing activities.
8. Provide them with your program rationale, strategies and messages (in ready-to-use form). Remember that strategic planning, creative messages and quality production are the most difficult aspects of a communication program to develop, and may be the most valuable product you can offer to a community organization.
9. Don't give them too much to do at once. Provide them with a series of smaller, more tangible, short-term actions, and a feedback/tracking mechanism.
10. Assess progress through the feedback/tracking mechanism and help make adjustments to respond to the organization's needs and to keep the program on track.
11. Remember to provide moral support, frequent "thank you's" and other rewards (e.g., letters or certificates of appreciation).
12. Provide them with a final report of what was accomplished, and meet to discuss followup activities and resources they might find useful. Make sure that they feel they are a part of the program's success.
13. Don't forget one final, tremendous "Thank you for a job well done."

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Types of Organizations and Activities to Consider in Health Communication Programs

Voluntary Health Associations—such as the American Cancer Society, American Heart Association, American Lung Association, March of Dimes

Professional Associations—local medical societies and chapters of the American Academy of Family Physicians, American Academy of Pediatrics, American Nurses Association

Public Health Professionals—local health officers/departments, school nurses, health teachers, university teachers/departments of public health

Health-related Institutions—hospitals, HMOs, medical schools, insurance companies, YMCAs and YWCAs, other fitness centers

Nonhealth Industries—television and radio stations, newspapers, employee assistance programs or personnel departments of major employers, labor unions

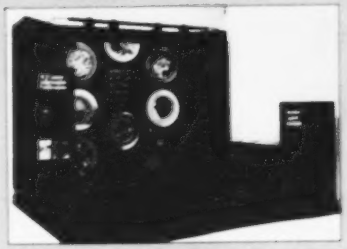
Nonhealth Organizations—PTAs, 4H Clubs, Boys Clubs, church groups and other organizations concerned with youth and/or parents, fraternal organizations or other social/cultural groups related to the target audience, public libraries

Suggested Activities:

Planning:
- join program development committee
- collect data to help target the program
- assess community health and other resources
- identify health and other organizations and media outlets in the community
- identify available, appropriate health communication materials
- help pretest materials.

Resource Development:
- "recruit" volunteers, organizations and media to participate in the program and/or provide "in-kind" contributions (e.g., printing, collating, mailing services, public service space or time in media)
- help raise funds
- contribute staff or volunteer time.

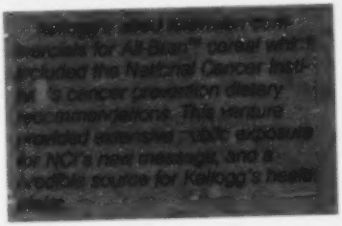
Program Implementation/Publicity and Promotion:
- provide conference rooms/space for program meetings and activities
- join program development committee
- organize or participate in attention-getting events (e.g., health fairs, press conferences)
- prepare press releases
- prepare exhibits for public places (e.g., shopping malls, building lobbies, schools, public libraries)
- distribute materials
- write letters
- publish articles in newsletters
- sponsor presentations
- offer individual counseling
- provide recognized, credible spokesperson
- provide media interview.



Tracking and Followup:
- provide computer or manual services for program tracking
- identify and train other organizations interested in becoming involved
- followup by telephone with participants to assure continued involvement
- serve on "thank you" committee.

Consider Working with Business

Cooperative ventures with the business sector (for-profit companies) can also help your program work, with benefits accruing to your program and the company.



Private sector companies with an interest in health information include:

- supermarkets
- pharmacies
- insurance companies
- hospitals and HMOs
- producers of pharmaceuticals, foods and other health-related products

Other companies may be interested in working with you even if their product or service is not related to your program to:

- provide a useful public service
- improve their corporate image and credibility
- attract the attention of a particular sector of the public.

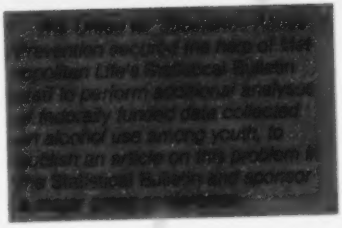
In addition to providing funds, you might ask for these kinds of help:

- distribution of materials to their consumers (e.g., in a supermarket) or to their employees
- access to free or paid media space and time
- corporate endorsement and help in securing support from other corporations
- access to their market research or other data
- use of their staff time or facilities
- sponsorship of related activities for their employees or for the public
- printing, mailing, production facilities or other in-kind contributions.

Review and Revise Program Components

Whether or not you continue to expand and involve more media outlets or organizations in your program, you should periodically assess whether:

- activities are "on track" and on time
- the target audience is being reached
- some strategies appear to be more successful than others
- some aspects of the program need more attention, alteration or elimination
- time schedules are being met
- resource expenditures are acceptable.



The process evaluation and other tracking measures you established should permit this assessment. You should establish specific intervals to review progress. Preparing progress reports—with successes, modified plans and schedules—can help you keep all your agency and program "players" informed and synchronized.

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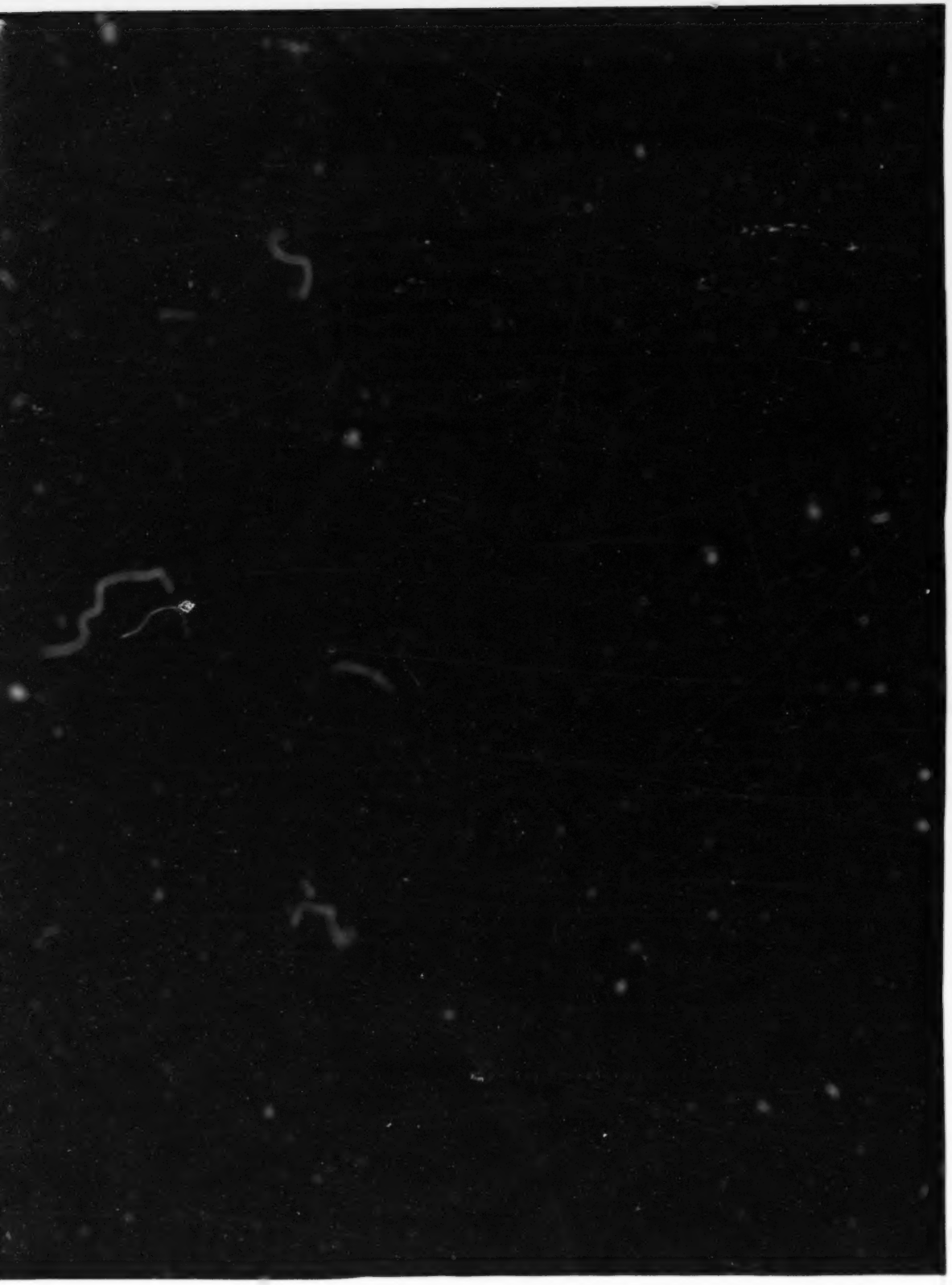

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The process measures discussed in stage 4 are designed to monitor the program in progress. Tracking the number of materials distributed, meetings attended or articles printed will tell you how the program is operating, and may tell you whether the target audience is responding; these measures will not tell you about the program effects: whether the target audience learned, acted or made a change as a result. Therefore, it is important to evaluate the results of your program—its effect or *outcome*.

Most outcome measures are designed to tell you *what* effect was achieved, but not how or why—these are the subjects of formative research and process measures. The effect or outcome is paramount, but you also need to know what happened, how and why which elements worked, and to analyze what should be changed in future programs. Therefore, plans for outcome measures are combined with other evaluation strategies during stage 1 planning. A review of all of the kinds of evaluation discussed in this guide can be found on page 64.

Outcome Evaluation

Outcome evaluation methodologies usually consist of a comparison between the target audience awareness, attitudes and/or behavior before and after the program. Unlike the pretesting methods ("formative evaluation") described in stage 3, these are quantitative measures, necessary to draw conclusions about the program effect. Going a step beyond process measures, outcome evaluation should provide more information about *value* than *quantity* of activity. The measures may be self-reported (e.g., interviews with the target audience) or observational (e.g., changes in clinic visits or disease morbidity). Comparisons between a control group (one that did not receive the program, but is similar in other respects to the target audience) and the target audience receiving the program are desirable.

Impact Studies

As discussed in the introduction to this guide, communication programs are one contributor to the improvement of the public's health. In a "real world" environment, there are many factors which influence an individual's health behavior, including peer support and approval, self-esteem and other individual characteristics, advertising and mass media coverage of health, community and institutional factors (such as the availability of services). It is usually extremely difficult to separate the impact of your communication program from the effects of other factors ("confounding variables") on an individual's behavior. For this reason, impact studies are rarely initiated as a part of programs using only communication strategies.

Determine What Evaluation to Do

Limited resources may force you to choose between process evaluation or outcome evaluation. Neither, independently, will provide you with a complete picture of what happened. Some experts will tell you that if you must choose, you should choose outcome evaluation—the only way to certify that you accomplished your objectives. However, process evaluation can help you understand *why* you did or did not accomplish your objectives. Therefore, others will advise that process measures are more important—to allow you to manage your program well.

Every program planner faces constraints to undertaking evaluation tasks, just as there are constraints to designing other aspects of a communication program. These constraints may include:

- limited funds
- limited staff time and capabilities
- length of time allotted to the program
- limited access to computer facilities
- agency restrictions to hiring consultants or contractors
- policies limiting the ability to gather information from the public
- management perceptions regarding the value of evaluation
- levels of management support for well-designed evaluation activities
- difficulties in defining the objectives of the program, or in establishing agency consensus
- difficulties in designing appropriate measures for communication programs
- difficulties in separating the effects of program influences from other influences on the target audience in "real world" situations.

These constraints make it necessary to accommodate to existing limitations as well as the requirements of a specific program. However, it is *not* true that "something is better than nothing." If an evaluation design, data collection or analysis must be compromised to fit limitations, the program *must* make a decision regarding whether:

- the required compromises will make the evaluation results invalid
- an evaluation strategy is essential for the particular situation, compared with other compelling uses for existing resources.

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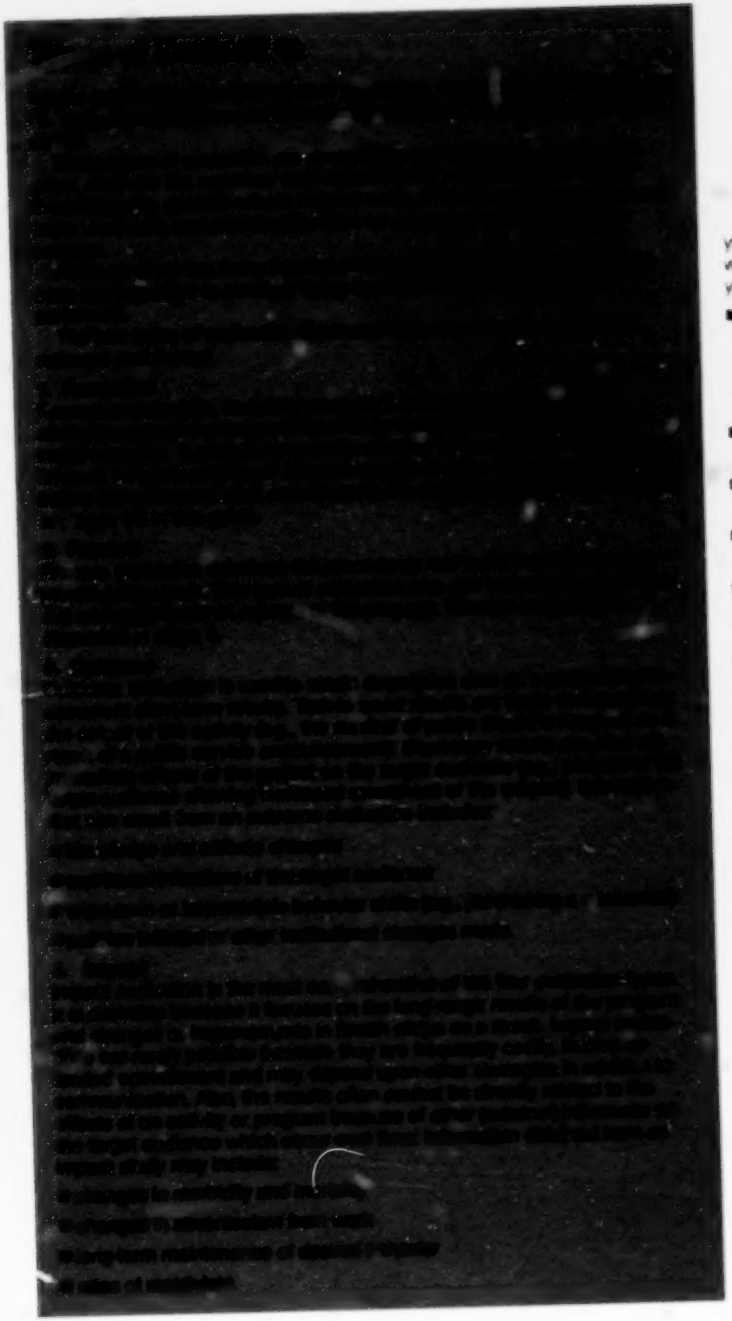


These are some of the questions you should consider before deciding what kind of evaluation will be best for your program:

- How long will your program last? Will the implementation phase be long enough to permit measurement of significant effects and periodic adjustment?
- Do you want to repeat or continue your program?
- Are your objectives measurable in the foreseeable future?
- Which program components are most important to you?
- Is there management support or public demand for program accountability?
- What aspects of the program fit best with your agency's priorities?
- Will an evaluation report help communication efforts compete with other agency priorities for future funding?

There are a number of sources for you to find help when you design an evaluation. Several pertinent texts are included in the suggested readings at the end of this chapter. If there is not a planning and evaluation staff in your agency, you may find help at a nearby university. Also, you may contact an appropriate clearinghouse or Federal agency and ask for evaluation reports that may have been prepared (but generally are not published) on similar programs.

A frequent response to "What kind of evaluation measures are you planning?" is "I don't have enough money for evaluation." Rarely does anyone have access to resources for an ideal health communication program, much less an ideal evaluation component. Nevertheless, there are practical benefits to including evaluation as a part of your work: to tell you whether your program is on track and how well it worked. The previous discussion of process, outcome and impact evaluation included some examples of the kinds of questions you might ask. With a little creative thinking, you will find that you can include *some* form of evaluation for almost any size of budget. The chart below gives examples of evaluation tasks you might consider if you don't really have an evaluation budget ("minimal resources"), and if you have a moderate budget for evaluation. It also gives you examples of the kinds of evaluations you might ideally consider ("substantial resources"). The matrix is additive from left to right. That is, each ascending program level could be expected to include the evaluation technique described at lower levels in addition to those described at the higher level.

Elements of an Evaluation Design

Every formal design, whether formative, process, outcome, impact or a combination, must contain certain basic elements. These include:

1. *A Statement of Communication Objectives*
Unless there is an adequate definition of desired achievements, evaluation cannot measure them. Evaluators need clear and definite objectives in order to measure program effects.

2. *Definition of Data to be Collected*
This is the determination of what is to be measured in relation to the objectives.

3. *Methodology*
A study design is formulated to permit measurement in a valid and reliable manner.

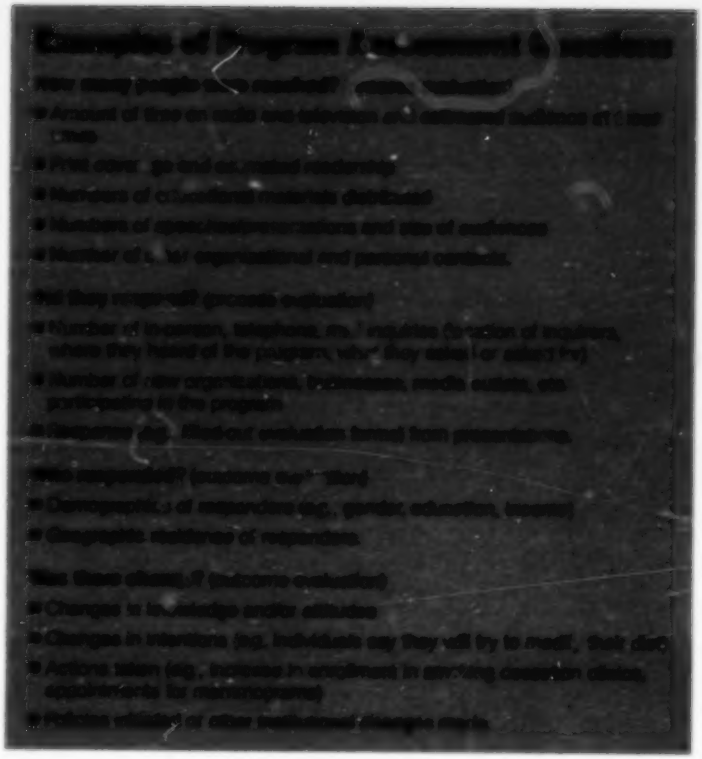
4. *Instrumentation*
Data collection instruments are designed and pretested. These instruments range from simple tally sheets for counting public inquiries to complex survey and interview forms.

5. *Data Collection*
The actual process of gathering data.

6. *Data Processing*
Putting the data into usable form for analysis.

7. *Data Analysis*
The application of statistical techniques to the data to discover significant relationships.

8. *Reporting*
Compiling and recording evaluation results. These results rarely pronounce a program a complete success or failure. To some extent all programs have good elements and bad. It is important to appreciate that lessons can be learned from both if results are properly analyzed. These lessons should be applied to altering the existing program or as a guide to planning new efforts.



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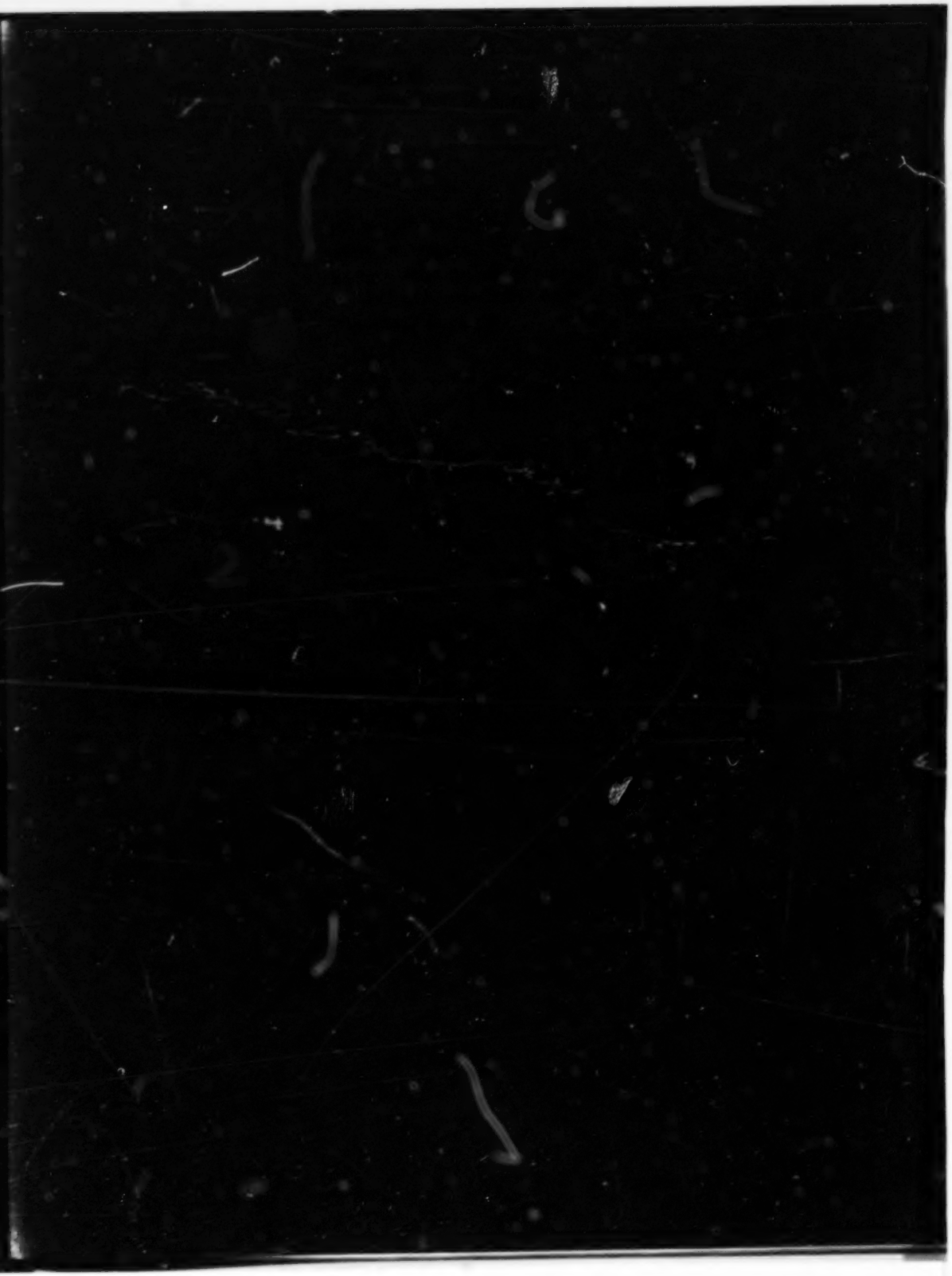

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Apply What You Have Learned

The ideal way to apply evaluation findings is to improve your ongoing program. You also may use what you learn from process or outcome evaluation measures to:

- justify your program with management
- provide evidence of need for additional funds or other resources
- increase institutional understanding of and support for health communication activities
- encourage ongoing cooperative ventures with other organizations.

Revise Program

If your program is continuing or you have an opportunity to advise others who may plan similar programs, take the time to apply what you have learned. For example:

- Reassess goals and objectives
  - Has anything changed (e.g., with the target audience, the community, or your agency's mission) to require revisions in the original goals and objectives?
  - Is there new information about the health issue that should be incorporated into the program messages or design?
- Determine areas where additional effort is needed
  - Are there objectives that are not being met? Why?
  - Are there strategies or activities that did not succeed? Are more resources required? Do you need to review why they didn't work and what can be done to correct any problems?
- Identify effective activities or strategies
  - Have some objectives been met as a result of successful activities?
  - Should these be continued and strengthened because they appear to work well?

Write an Evaluation Report

Taking the time to write a report about a pretest or other evaluation task that you have conducted is useful for several reasons. The report can provide:

- the discipline to help you critically analyze the results of the evaluation and think about any changes you should make as a result
- a tangible product for your agency
- evidence that your program or materials have been carefully developed —to be used as a "sales" tool with gatekeepers (e.g., television station public service directors)
- a record of your activities for use in planning future programs
- assistance to others who may be interested in developing similar programs or materials
- a foundation for evaluation activities in the future (e.g., it is easier to design a new questionnaire based on one you have previously used than to start anew).

Careful Analysis

Most frequently evaluation tasks are added on to other responsibilities that already represent full time commitments. Therefore, there is seldom sufficient time to think about the meaning of evaluation findings. If you are conducting or observing a pretest or another evaluation task, it may be easy to develop conclusions about the effectiveness of your materials or program during the time the tasks are being conducted. You may want to avoid this temptation and take the time to review all of the findings before you conclude how well your materials or program work, or what changes should be made.

It is important to consider the subtleties or absences demonstrated in the evaluation (e.g., an absence of discussion or a lukewarm vote of support), as well as what may have been directly stated. Writing a report can provide the opportunity to consider everything that happened in the course of the evaluation, how these events relate to the purpose of the evaluation, and any recommendations for modification to improve your materials or program.

A Tangible Product

Pretesting and other evaluation tasks require a considerable investment of scarce program time and funds. Presenting your agency with a product may be particularly useful if there is a lack of support for evaluation. It can help others not only to see that something was received for their investment, but also to understand why the evaluation was valuable.

Evidence of Effectiveness

If you want intermediaries (e.g., a television station, clinic, school, organization or employer) to use your materials or program, you may have to convince them of its value. An evaluation report offers proof that the materials and program were carefully developed. This evidence can help you explain why your materials or program may be better than others.

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- Or should they be considered successful and completed?
- Can they be expanded to apply to other audiences or situations?

- Compare costs and results of different activities
  - What were the relative costs (including staff time) and results of different aspects of your program?
  - Are there some activities that appear to work as well but cost less than others?

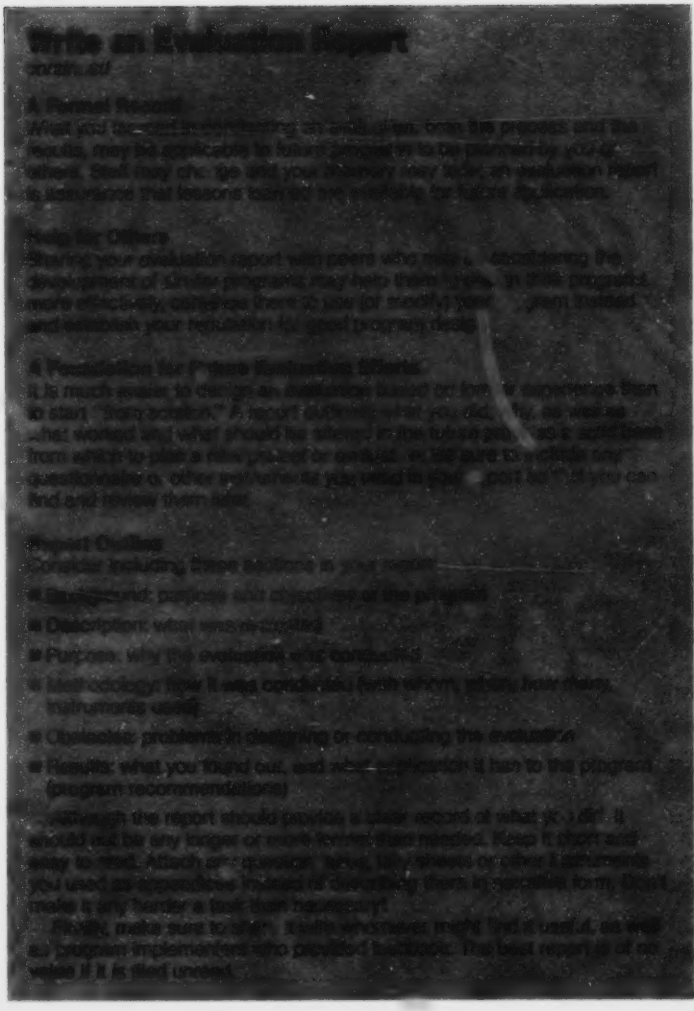
- Reaffirm support for the program
  - Have you shared the results of your activities with the leadership of your agency?
  - Did you remember to share this information with the individuals and organizations outside your agency who contributed?
  - Do you have evidence of program effectiveness and continued need to convince your agency to continue your program?
  - Do you have new or continuing activities that suggest the involvement of additional organizations?

- Determine to end a program that did not work

Share What You Have Learned

It is frequently difficult to find the time to analyze and report on what you have learned and share it with others. You may find that other responsibilities leave you little time to prepare formal documentation of your program or to submit findings for publication. Nevertheless, what you learn from implementing a communication program might be invaluable to someone who is faced with a similar responsibility. You may not have to prepare a formal report or article to let others know what you have learned. Consider

- letters about your findings to appropriate medical, public health or health education journals
- a poster presentation at a relevant professional meeting



- a program description and sample materials sent to a related clearinghouse, Federal or state agency
- local professional newsletters
- letters, phone calls, brief reports or meetings with your peers in similar organizations.

Letting others know about your program may prompt them to tell you about similar experiences, lessons, new ideas or potential resources.

Selected Readings

Green, Lawrence W., Lewis, Frances Marcus, *Measurement and Evaluation in Health Education and Health Promotion*, Palo Alto: Mayfield Publishing Co., 1986.

Hawkins, J. David and Britt Nederhood, *Handbook for Evaluating Drug and Alcohol Prevention Programs*, U.S. Department of Health and Human Services, Alcohol, Drug and Mental Health Administration, DHHS Publication No. (ADM) 87-1512, 1987.

Morris, Lynn Lyons and Fitz-Gibbon, Carol Taylor, *How to Present an Evaluation Report*, Beverly Hills, CA: Sage Publications, 1978.

best copy available

Appendices

Appendix A
Information Sources

National Sources of Health-Related Data

The National Center for Health Statistics (NCHS)
U.S. Public Health Service, NCHS
3700 East-West Highway
Hyattsville, MD 20782

NCHS tracks and analyzes changes in health status in the U.S. A summary of status and trends is published each year as *Health/United States*.

Morbidity and Mortality Weekly Report (MMWR)
Centers for Disease Control
Atlanta, GA 30333

The MMWR provides immediate alerts regarding disease incidence, morbidity and mortality as reported to CDC by health departments nationwide.

The Roper Center
P.O. Box 440
Storrs, CT 06268

The Roper Center collects and stores public opinion data collected by survey organizations including NORC, Gallup, Roper, Harris, Opinion Research Corporation, Yankelovich, Gordon Black Company, various news polls and special studies.

The ODPHP National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
(800) 336-4797 (from outside of the Washington Metropolitan area)

The center helps the public locate health information through the identification of health information resources and a referral service.

Journals

These journals cover health communications program development and related topics discussed in this book:

Alcohol Health and Research World, a quarterly publication of the (DHHS) National Institute on Alcohol Abuse and Alcoholism, ADAMHA, 5600 Fishers Lane, Rockville, MD 20857.

American Demographics, Box 68, 127 West State St., Ithaca, NY 14851.

American Journal of Health Promotion, a quarterly publication, Box 1287, Royal Oak, MI 48068.

American Journal of Public Health, a monthly publication of the American Public Health Association, 1015 15th St. NW, Washington, DC 20005.

Evaluation and the Health Professions, quarterly, Sage Publications, Inc., 2111 W. Hillcrest Dr., Newbury Park, CA 91320.

Health Education, bimonthly, a publication of the American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Drive, Reston, VA 22091.

Health Education Quarterly, a publication of the Society for Public Health Education, John Wiley & Sons, Inc., Periodicals Division, 605 Third Avenue, New York, NY 10158.

Health Education Research, quarterly, IRL Press, Inc., P.O. Box Q, McLean, VA 22101-0850.

HealthLink, a quarterly publication of the National Center for Health Education, 30 East 29th St., New York, NY 10016.

Journal of Communication, quarterly publication by Oxford University Press, University of Pennsylvania, 3620 Walnut St., Philadelphia, PA 19104-3858.

Public Health Reports, a bimonthly publication of the U.S. Public Health Service, Dept. of Health and Human Services, Hubert Humphrey Bldg., Rm. 721-H, 200 Independence Ave. SW, Washington, DC 20201.

Public Opinion Quarterly, a quarterly publication of the American Association for Public Opinion Research, University of Chicago Press, 5801 S. Ellis Ave., Chicago, IL 60637.

best copy available

Appendix B
How to Test for Readability

The SMOG Readability Formula

To calculate the SMOG reading grade level, begin with the entire written work that is being assessed, and follow these four steps:

1. Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word, and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root.
4. Finally, add a constant of three to the square root. This number gives the SMOG grade, or the reading grade level that a person must have reached if he or she is to fully understand the text being assessed.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).
- Hyphenated words are considered as one word.
- Numbers which are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine if they are polysyllabic.
- Proper nouns, if polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine if they are polysyllabic.

Not all pamphlets, fact sheets, or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all of the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:

$$\text{average} = \frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$$

4. Multiply that average by the number of sentences *short of 30*.
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

Perhaps the quickest way to administer the SMOG grading test is by using the SMOG conversion table. Simply count the number of polysyllabic words in your chain of 30 sentences and look up the approximate grade level on the chart.

An example of how to use the SMOG Readability Formula and the SMOG Conversion Table is provided on the following page.

Example Using the SMOG Readability Formula:

Sample only: Information may not be current

In Controlling Cancer—
You Make a Difference

The key is action. You can help protect yourself against cancer. Act promptly to:

- Prevent some cancers through simple changes in lifestyle.
- Find out about early detection tests in your home.
- Gain peace of mind through regular medical checkups.

Cancers You Should Know About

Lung Cancer is the number one cancer among men, both in the number of new cases each year (79,000) and deaths (70,500). Rapidly increasing rates are due mainly to cigarette smoking. By not smoking, you can largely prevent lung cancer. The risk is reduced by smoking less, and by using lower tar and nicotine brands. But quitting altogether is by far the most effective safeguard. The American Cancer Society offers Quit Smoking Clinics and self-help materials.

Colorectal Cancer is second in cancer deaths (25,100) and third in new cases (49,000). When it is found early, chances of cure are good. A regular general physical usually includes a digital examination of the rectum and a guaiac slide test of a stool specimen to check for invisible blood. Now there are also Do-It-Yourself Guaiac Slides for home use. Ask your doctor about them. After you reach the age of 40, your regular check-up may include a "Procto," in which the rectum and part of the colon are inspected through a hollow, lighted tube.

Prostate Cancer is second in the number of new cases each year (57,000), and third in deaths (20,600). It occurs mainly in men over 60. A regular rectal exam of the prostate by your doctor is the best protection.

A Check-Up Pays Off

Be sure to have a regular, general physical including an oral exam. It is your best guarantee of good health.

How Cancer Works

If we know something about how cancer works, we can act more effectively to protect ourselves against the disease. Here are the basics.

1. Cancer spreads; time counts.—Cancer is uncontrolled growth of abnormal cells. It begins small and if unchecked, spreads. If detected in an early, local stage, the chances for cure are best.
2. Risk increases with age.—This is not a reason to worry, but a signal to have more regular, thorough physical check-ups. Your doctor or clinic can advise you on what tests to get and how often they should be performed.
3. What you can do.—Don't smoke and you will sharply reduce your chances of getting lung cancer. Avoid too much sun, a major cause of skin cancer. Learn cancer's Seven Warning Signals, listed on the back of this leaflet, and see your doctor promptly if they persist. Pain usually is a late symptom of cancer; don't wait for it.

Unproven Remedies

Beware of unproven cancer remedies. They may sound appealing, but they are usually worthless. Relying on them can delay good treatment until it is too late. Check with your doctor or the American Cancer Society.

More Information

For more information of any kind about cancer—free of cost—contact your local unit of the American Cancer Society.

Know Cancer's Seven Warning Signals

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump in breast or elsewhere.
5. Indigestion or difficulty in swallowing.
6. Obvious change in wart or mole.
7. Nagging cough or hoarseness.

If you have a warning signal, see your doctor.

*This pamphlet is from the American Cancer Society.

We have calculated the reading grade level for this example. Compare your results to ours, then check both with the SMOG conversion table.

Readability Test Calculations

Total Number of Polysyllabic Words	= 38
Nearest Perfect Square	= 36
Square Root	= 6
Constant	= 3
SMOG Reading Grade Level	= 9

SMOG Conversion Table*

Total Polysyllabic Word Counts	Approximate Grade Level (±1.5 Grades)
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-56	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

*Developed by Harold C. McGraw, Office of Educational Research, Baltimore County Schools, Towson, Maryland.

Appendix C
Sample Forms

- Educational Materials Review Forms
- Pre-Post Booklet Testing Form (Self-Administered)
- Central Location Intercept Questionnaire
- Focus Group Moderators Guide
- Gatekeeper/Professional Review Questionnaire
- PSA Pretest Questions

Educational Materials Review Forms

Source: Office for Substance Abuse Prevention, ADAMHA

Accession No.
Date:
Screener:

I. PRODUCT DESCRIPTION

Title of Product _____ Publication Date _____

Producer/Author _____ Contact _____

Organization _____

Address _____ Phone _____

Other Sponsors/Endorsers _____

Format:
- Fact Sheet
- Brochure
- Booklet
- Book
- Poster
- Print Ad
- 3/4" Video
- VHS Video
- 16mm Film
- Slides
- Audiotape
- Script
- Information Package
- Software
- Other (describe)
- PSA
- Magazine
- Article
- Performance
- Taped Message
- Newsletter
- Contest
- Workbook
- Curriculum
- Classroom Material
- Comic Book

Length: _____

Context(s): (check all that apply)
- Part of a Program (describe)
- With Other Materials
- Stands Alone
- Has Training Component (please enclose)

Topic(s): (check all that apply)
- Alcohol
- Drugs
- Drug (specify) _____
- Both Alcohol and Drugs
- Awareness
- Prevention
- Intervention
- Treatment
- General Health/Safety
- Other (describe)

Mode(s) of Delivery: (check all that apply)
- Individual
- Group
- Instructor led
- Mass Media
- Self Instructional

Setting(s): (check all that apply)
- Home
- School
- Community
- Health/Mental Health Care
- Worksite
- Justice System
- Social Services System
- Mass Media
- Other (describe)

Target Audience(s): (check all that apply)
- General Public
- Parents (specify age of child) _____
- Blacks
- Hispanics
- Native Americans
- Asian and Pacific Islanders
- Health Care Providers (specify specialty)
- High Risk Families/Youth
- Policymakers/Administrators
- Youth (specify ages)
- Young Adults (18-25 years)
- Educators (specify grade(s)) _____
- A/D Treatment Professionals
- A/D Prevention Professionals
- Employers
- Scientists and Reseachers
- Other (describe)

Language(s): (check all that apply)
- English
- Spanish
- Bilingual (specify) _____
- Other (indicate) _____

Readability:
- Low Literacy (grade level 3-5)
- Very Easy (grade level 6-7)
- Easy (8)
- Average (9-10)
- Fairly Difficult (11-13)
- Difficult (14-16)
- N/A

Pretested/Evaluated:
- Yes
- No
- Unknown

(If yes, describe and include copy of report if possible) _____

Current Scope:
- National _____
- Regional _____
- State _____
- Local _____

Availability:
- Unknown
- Restrictions on Use
  - Permission Required to Reproduce
  - Citation Required
- Available Free
- Negatives Available on Loan
- Payment Required
- Price $ _____
- Available Through Free A-V Loan Program

Source (if different from above) _____

Description: (Please describe the product in two-three sentences.)

Comments:

II. FIELD REVIEW FORM

Acc No: _____
Date: _____
Reviewer: _____

Target Audience (if different from Screening Form):
Topic (if different from Screening Form):
Major Messages (list):

Persuasive Technique (describe):

Distinguishing Qualities (describe):

	Excellent				Poor
Production Quality:	5	4	3	2	1
(Comments)					
Content:	5	4	3	2	1
(Comments)					
Credibility:	5	4	3	2	1
(Comments)					
Ability to Attract Attention:	5	4	3	2	1
(Comments)					
Ability to Convey Information:	5	4	3	2	1
(Comments)					
Ability to Change Attitudes:	5	4	3	2	1
(Comments)					
Ability to Elicit Appropriate Action:	5	4	3	2	1
(Comments)					

Appropriate for National Distribution: _____ Yes _____ No _____ Limited Use (describe)
(Comments):

Overall Rating: 5 4 3 2 1
(specify any particular strengths/weaknesses)

Recommend for further consideration (e.g., promotion, replication, purchase, adaptation, testing or evaluation)?
_____ Yes _____ No

Please explain recommendation:

Return to:

best copy available

Considerations for Field Review

1. Target audience—What audience is the material best suited for? For whom should it not be used? Consider the language style, use of terminology, length, appropriateness of examples and format in determining the target audience.

2. Persuasive technique—Are the messages positive and upbeat? Are positive role models used? Fear appeals? Authority figures (who)? Peer pressure?

3. Distinguishing qualities—Innovative or unique presentation, format or style? Fills a need for specific audience or message?

4. Production qualities—Is the material professional in appearance, attractive, well-written? Is the production format appropriate for the intended use (e.g., setting, equipment required)? Should production changes be considered (e.g., use of less or more color)?

5. Content—Clear and accurate? Up to date? Appropriate message, tone and appeal? Stimulating? New knowledge? Perpetuate myths or stereotypes? Balanced and credible? Biased or judgmental?

6. Elicit action—Describes desired behavior? Illustrates skills required? Demonstrates appropriate behavior?

7. Credibility—Is production or distribution source credible for target audience? For intermediaries (e.g., teachers or parents)? Is message, theme, presentation credible?

8. Appropriate for national distribution—Will materials stand alone, or require training for use? Inappropriate for some audiences (e.g., culturally inappropriate) or geographic areas?

9. Recommendation for evaluation—Are there questions or uncertainties that need to be resolved prior to determining disposition? Should materials be tested?

Pre-Post Booklet Testing Form

Source: U.S. Environmental Protection Agency

I. Pretest Questions

As you probably are aware, Toms River is the site of a pilot project designed to inform residents about potential environmental hazards associated with the Superfund site, and to encourage their involvement in EPA's decision-making process for cleanup of the site.

We would appreciate your willingness to share your reactions to the attached fact sheet by reading it and answering a few questions. We do not ask your name and all information you provide will remain confidential.

Because only a few Toms River citizens are being asked to help judge this material, your response is particularly valuable.

Before you begin, please check the appropriate answers to these four questions.

1. How much would you say you know about the Toms River Superfund study?
   A little ____ Some ____ A lot ____
2. Is there anything in particular you want to know about the study?
   Yes ____ No ____
   If yes, please specify.
   (Note: more knowledge questions can be added here.)
3. Are you or any member of your family an employee/former employee of (Superfund site company)?
   Yes ____ No ____
4. Are you a member of any group particularly concerned about the environment?
   Yes ____ No ____

Now, please turn the page and read the fact sheet.

II. Posttest Questions

Now that you have finished reading the fact sheet, please answer the questions below. You may refer back to the fact sheet as you consider your response if you wish.

1. In your own words, what would you say is the purpose of the Superfund study? (Note: additional knowledge questions can be added here.)

2. How much of the information in the fact sheet was new to you?
   Most of it ____ Some of it ____ None ____

3. Do you have questions about the Superfund study which were *not* answered in the fact sheet?
   Yes ____ No ____
   If yes, please list:

4. Was there anything you particularly *liked* about the fact sheet?
   Yes ____ No ____
   If yes, what?

5. Was there anything you particularly *disliked* about the fact sheet, or found confusing?
   Yes ____ No ____
   If yes, what?

6. This fact sheet is most appropriate for (check all that apply):
   General public ____ College graduates ____ Professionals ____

7. Would you recommend the fact sheet to a friend or family member?
   Yes ____ No ____

8. The following are a series of phrases describing the fact sheet. Please circle the *one* choice on each line that most closely reflects *your opinion*.

a	very interesting	somewhat interesting	not at all interesting
b	very informative	somewhat informative	not informative
c	accurate	partially accurate	inaccurate
d	very clear	somewhat clear	confusing
e	very useful	somewhat useful	not useful
f	unbiased	biased towards government	biased towards industry
g	easy to read	understandable	hard to understand
h	complete	somewhat complete	incomplete

9. Would you like to say anything else about the fact sheet? Please comment: _____

_____

_____

_____

Thank you very much for your help in reviewing this fact sheet.

Central Location Intercept Questionnaire

Source: National Heart, Lung and Blood Institute

_____ (Respondent's name and ID No.)

_____ (Location: Houston = 1, Chicago = 2)

_____ (Phone Number)

Introduction

Good afternoon (evening).

My name is _____(interviewer's initials)_____, and I'm with Quick Test, a marketing research firm. We are conducting a research study in this mall with people who are between 25 and 55 years of age. Would you be willing to spend a few minutes answering some questions?

Screener

S1 What is your age?_____ (RECORD)

1. Under 25 (THANK AND TERMINATE)
2. Between 25 and 40 (CONTINUE)
3. Between 41 and 55 (CONTINUE)
4. Over 55 (THANK AND TERMINATE)

S2 Have you ever been told you have any of the following?

	YES	NO
1. Diabetes	CONTINUE	CONTINUE
2. High blood pressure	CONTINUE	TERMINATE
3. High cholesterol	CONTINUE	CONTINUE

S3 Which of the following best describes the highest level of education you've completed (CIRCLE ONE)

1. Elementary or grade school (CONTINUE)
2. Some high school (CONTINUE)
3. High school graduate (CONTINUE)
4. Some college (CONTINUE)
5. College graduate (CONTINUE—MAXIMUM OF 2 PER SUBGROUP)
6. Some graduate work (THANK AND TERMINATE)
7. Graduate degree (THANK AND TERMINATE)

S4 Respondent's sex

1. Male
2. Female

S5 Respondent's race

1. White (CONTINUE)
2. Black (CONTINUE)
3. Other (THANK AND TERMINATE)

S5 I would like to show you three television messages which have been produced as a public service and get your reactions to them. This will not take more than 15 minutes and we would like to offer you an appreciation of $2.00 as a means of saying "thank you" for your time. If you would like to see these public service messages, would you please come with me into our viewing room?

1 No (THANK AND TERMINATE)
2 Yes (CONTINUE)

NOTE: Participants are to be recruited in the following subgroups:

15 black males, ages 25-40
15 white males, ages 25-40
15 black males, ages 41-55
15 white males, ages 41-55
15 black females, ages 41-55
15 white females, ages 41-55

In each of the subgroups listed above, one-third of the respondents should follow Order 1, one-third should follow Order 2, and one-third should follow Order 3, as specified below:

ORDER 1: Show "Randy" first and administer questionnaire. Then show "Red Balloon" and administer questionnaire, followed by "Wild Horse" and questionnaire. Thank and pay $2 appreciation.

ORDER 2: Show "Red Balloon" and administer questionnaire. Then show "Randy" and administer questionnaire. Show "Wild Horse," administer questionnaire, and thank and pay $2 appreciation.

ORDER 3: Show "Wild Horse" and administer questionnaire. Then show "Red Balloon" and administer questionnaire, followed by "Randy" and questionnaire. Thank and pay $2 appreciation.

CHECK ORDER BEING USED:

____ ORDER 1 ("Randy," "Red Balloon," "Wild Horse")
____ ORDER 2 ("Red Balloon," "Randy," "Wild Horse")
____ ORDER 3 ("Wild Horse," "Red Balloon," "Randy")

FOR EACH RESPONDENT, FASTEN TOGETHER THE SCREENER, "RANDY" QUESTIONNAIRE, "RED BALLOON" QUESTIONNAIRE AND "WILD HORSE" QUESTIONNAIRE *IN THAT ORDER* IN PREPARATION FOR COMPUTER ENTRY. REMEMBER TO RECORD TIME OF FINISH AT BOTTOM OF SCREENER.

Time start _____
Time finish _____

Questionnaire for "Randy"

IF ORDER 1, READ THE FOLLOWING:

I'd like to show you the first public service message and then ask you a few questions about it. The message is still in rough form, so you will need to use your imagination a little to picture what it will look like after final production. In this version you will see drawings used to get the idea across, but in the final version there will be live action and it will have a more finished look. Please try to concentrate more on the concept than on the drawings as you watch them.

IF ORDER 2, READ THE FOLLOWING:

Now I'd like to show you the second message and get your reactions. Again, please remember that this is in rough form and is not yet in finished form.

IF ORDER 3, READ THE FOLLOWING:

I'd like to show you the third message now. Again, I'll be asking for your reactions. Please remember that it is still in rough form.

PLAY "RANDY."

NOTE: Throughout the questionnaire, "HBP" should be read as "high blood pressure."

1. What did you think was the main idea of this announcement? (RECORD FIRST MENTION) Anything else? (RECORD ALL OTHER MENTIONS.)

	First Mention (Circle *only* one)	**Anything Else (Circle all other mentions that apply)**
1. High blood/HBP	1	1
2. It's up to you—your responsibility to take care of HBP	2	1
3. If you don't take care of HBP, won't be around for other things	3	1
4. Take care of yourself (general)	4	1
5. Take care of HBP; control HBP	5	1
6. You can enjoy life (have a normal/active/long life) by taking care of HBP	6	1
7. Stay on HBP treatment, keep up fight, work at it, don't ease up	7	1
8. Take care of HBP for your loved ones	8	1
9. Treat your HBP, do what your doctor says	9	1
10. Control HBP or could become ill (stroke/die)	10	1
11. Take care of your HBP every day, treat it for life	11	1
12. Other	XX	1
RECORD: _____	_____	_____
_____	_____	_____

2. What, if anything, about the announcement did you particularly *like*? (RECORD FIRST MENTION) Anything else? (RECORD ALL OTHER MENTIONS)

	First Mention (Circle *only* one)	Anything Else (Circle all other mentions that ap
1 Everything	1	1
2 Nothing	2	1
3 Liked message in general	3	1
4 Easy to follow/understand	4	1
5 Attention-getting/interesting	5	1
6 Message is important	6	1
7 Message contains useful information	7	1
8 Good reminder	8	1
9 Liked idea of having control/being able to do something about HBP to help yourself	8	1
10 Message is direct and to the point	9	1
11 Focuses on blacks	10	1
12 Message is dramatic	11	1
13 Message speaks directly to me	12	1
14 Liked encouraging tone/can have a full life if treat HBP	11	1
15 Message and pictures fit well together	12	1
16 Don't know	13	1
17 Other	XX	1
RECORD		

3. What, if anything, about the announcement did you particularly *dislike*? (RECORD FIRST MENTION) Anything else? (RECORD ALL OTHER MENTIONS)

	First Mention (Circle *only* one)	Anything Else (Circle all other mentions that a
1 Everything	1	1
2 Nothing	2	1
3 Disliked message in general	3	1
4 Message was difficult to follow/understand	4	1
5 Voices hard to understand	5	1
6 Too light/not serious enough	6	1
7 Too serious/scary/overly dramatic	7	1
8 Disliked black voice/image	8	1
9 Not especially attention-getting or interesting	9	1
10 Not enough information; information not new or useful	10	1
11 Too pessimistic; grim	11	1
12 Message and pictures didn't fit well together	12	1
13 Message didn't relate to me	13	1
14 Don't know	14	1
15 Other	XX	1
RECORD		

4. Was there anything in the announcement that you found confusing or hard to understand? (RECORD FIRST MENTION) Anything else? (RECORD ALL OTHER MENTIONS)

	First Mention (Circle *only* one)	Anything Else (Circle all other mentions that apply)
1 Nothing (everything was clear)	1	1
2 Confusing in general	2	1
3 Message not clear	3	1
4 Words were hard to understand	4	1
5 Didn't understand that the father had died	5	1
6 Didn't understand why the father didn't live past fifty	6	1
7 Too much information presented	7	1
8 Not enough information presented	8	1
9 Message didn't relate to me	9	1
10 Didn't understand who was speaking	10	1
11 Other	XX	1
RECORD _____	_____	_____
_____	_____	_____

5. Was there anything in the announcement you found hard to believe? (RECORD FIRST MENTION) Anything else? (RECORD ALL OTHER MENTIONS)

	First Mention (Circle *only* one)	Anything Else (Circle all other mentions that apply)
1 No, nothing	1	1
2 Message not believable in general	2	1
3 Not believable that someone would die at fifty because didn't take care of HBP	3	1
4 Not believable that HBP is that dangerous to health	4	1
5 Not believable that HBP is that hard to control	5	1
6 Other	XX	1
RECORD _____	_____	_____
_____	_____	_____

6. (ASK ONLY FOR THOSE FOLLOWING ORDER 1) Can you tell me who the sponsor of this message was?

	First Mention (Circle *only* one)	Anything Else (Circle all other mentions that apply)
1 National Cholesterol Education Program	1	1
2 The government	2	1
3 National Heart Association	3	1
4 Don't remember	4	1
5 Other	XX	1
RECORD _____	_____	_____
_____	_____	_____

7. I'm going to read to you a set of statements describing the message you just saw. For each statement please tell me whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the statement. (READ STATEMENTS AND SHOW SCALE)

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1. The message was interesting	1	2	3	4	5
2. The message was convincing	1	2	3	4	5
3. The message was irritating	1	2	3	4	5
4. The message was confusing	1	2	3	4	5
5. The message made its point	1	2	3	4	5
6. The message was not serious enough	1	2	3	4	5
7. The message was offensive	1	2	3	4	5
8. The message was scary	1	2	3	4	5
9. The message was believable	1	2	3	4	5
10. The message gave me useful information	1	2	3	4	5
11. The message gave useful information for other people	1	2	3	4	5
12. The message captured my attention	1	2	3	4	5
13. The message will capture the attention of those with HBP	1	2	3	4	5
14. The message was a good reminder to take care of HBP	1	2	3	4	5
15. The message had an overall encouraging tone	1	2	3	4	5
16. The message was too mild. It should be stronger	1	2	3	4	5
17. I will be more conscientious about my HBP treatment	1	2	3	4	5
18. Staying on my HBP treatment program is a struggle for me	1	2	3	4	5
19. The message convinced me that it's important to control HBP	1	2	3	4	5

Focus Group Moderator's Guide

Source: National Institute on Aging

Warm-up and Explanation

1. *Introduction*
   a. Thanks for coming.
   b. Your presence is important.
   c. Describe what a focus group is—like an opinion survey, but very general, broad questions.
2. *Purpose*
   a. We will be discussing some issues related to health.
   b. I'm interested in all of your ideas, comments, and suggestions.
   c. There are no right or wrong answers.
   d. All comments—both positive and negative—are welcome.
   e. Please feel free to disagree with one another. We would like to have many points of view.
3. *Procedure*
   a. Explain use of tape recorder (one-way mirror). All comments are confidential—used for research purposes only.
   b. I want this to be a group discussion, so you needn't wait for me to call on you. Please speak one at a time, so that the tape recorder can pick up everything.
   c. We have a lot of ground to cover, so I may change the subject or move ahead. Please stop me if you want to add something.
4. *Self introductions*
   a. Ask each participant to introduce himself/herself—tell the group your name, and where you live.

General Attitudes: Health and Aging

1. Is your health something that you actively think about? (If not, why not?)
2. When you think of health, what do you think about?
3. What about the health of your family? What issues or topics do you think about?
4. (45-54 and over 55 groups) Do you think about growing older, and the changes that might bring? What do you think about? (Probe re: health changes; independence; changes in lifestyle.)
5. What do you think other people/your parents feel about growing older? (Probe re: health changes; independence; changes in lifestyle.)

Relationship to Older Family Members

1. Do you have parents, other older relatives or friends who are close to you?
2. What is your relationship with these older relatives/friends? (How much contact, do you feel close to them? Responsible?)
3. Do you think about their health and well-being? What, specifically, do you think about? (Probe re: health concerns; independence; living situations.)

Knowledge of Alzheimer's Disease

(If Alzheimer's Disease hasn't come up in the conversation)

1. Have you ever heard of Alzheimer's Disease? What have you heard?
2. What do you think it is? Is it different from just getting old? (Probe for: age of onset; how many people it affects; cause(s); symptoms; prevention; how it is diagnosed; how it is treated; how quickly it progresses; is it contagious; what happens; new research they have heard about; what kind of care is required—at home, nursing homes; related costs.)
3. Is it (senility or Alzheimer's) an inevitable consequence of aging?
4. Where have you heard about Alzheimer's Disease (probe for source)?
5. Do you have questions? What would you like to know about it? What else?
6. Do you ever have any thoughts or concerns about Alzheimer's Disease? For yourself or for someone else? (Who?)
7. What kind of concerns?

Sources of Information (General)

1. If you wanted to find out more about Alzheimer's Disease (had questions or concerns), how would you go about it? (Probe for additional sources, e.g., family physician; friends; workplace source; where else in own community; library or national agencies.)
2. Do you know of any agencies or organizations that deal especially with older people or Alzheimer's Disease?

Facing Alzheimer's Disease

1. Now I want you to think about a particular situation where you are concerned about a friend or relative. You think they might have Alzheimer's Disease. What would you do? (Probe: how would you interact with that individual [eg., a parent]; where would you turn for help [call, write, go]?)
2. In particular, what would you need to know to deal with the situation? Issues to probe for:
   - more information about what it is
   - diagnosis
   - consequences—what happens
   - treatment
   - physician referral/or how to find one
   - research they've heard about
   - services—where to go, what kinds of services exist
   - financial burden

Sources of Information and Assistance (When Facing Alzheimer's Disease)

1. Would you be more likely to seek help in your own community or to contact a national organization?
2. What if your relative lived in another town? What would you do then?
3. Have you ever heard of the National Institute on Aging?
4. How have you heard of them/What have you heard? (If not, it is a part of the National Institutes of Health in Bethesda, Maryland. The NIH is the Federal agency responsible for medical research.)
5. Would you be likely to call or write to the National Institute on Aging? (Why or why not?)
6. Have you ever heard of the Alzheimer's Disease and Related Disorders Association (ADRDA)? (If not mentioned previously.) (If not, explain ADRDA and its chapters.)
7. How have you heard of it/What have you heard?
8. If you had questions would you be more likely to contact a national organization or a local organization?
9. Would you prefer to be able to talk with someone (e.g., a "hotline") or would you want written information? Or would you prefer to speak with someone in person? Why?

Attitudes Toward Proposed Center

1. The National Institute on Aging is planning to establish a National Alzheimer's Disease Center. The Center will be a national source of information about Alzheimer's Disease, including information about diagnosis, treatment, consequences, new research and services available for its victims and their families. What do you think about this idea (the new Center)? Do you think that it is a good idea or not? Why?
2. What kind of information would be most valuable for you, if you had to cope with someone who had Alzheimer's Disease (diagnostic, treatment, medical referral, social services referral, support groups, respite care—probe for meaning of respite care)?
3. What advice would you have for the Institute as they plan for this new Center?

I will make sure that they know about your opinions.

Thank you very much for your contributions.

Gatekeeper/Professional Review Questionnaire

Source: Office of Disease Prevention and Health Promotion, USPHS

INSTRUCTIONS: Please review the attached skill sheet and then answer the questions below. Return the completed questionnaires and skill sheets in the enclosed stamped envelope *within the next three days.*

Your Name: _____

Skill Sheet Reviewed: _____

1. What would you say are the main messages being communicated in this skill sheet?

2. How important do you think these messages are for older people?
- ____ Very important
- ____ Somewhat important
- ____ Not particularly important

3. In your professional opinion, are the recommendations made here appropriate for older people?
____ Yes ____ No
Why?

4. Is there anything in the skill sheet that you found vague, confusing or unclear?
____ Yes ____ No
If yes, what? (Please note in space below or directly on skill sheet.)

5. In your opinion, is there anything in the skill sheet that is inaccurate or misleading?
____ Yes ____ No
If yes, what? (Please note below or directly on skill sheet.)

6. Do you feel there are any important points relating to this topic that have been omitted?
____ Yes ____ No
If yes, what are they?

7. Is there anything in the skill sheet you think older people might find offensive?
____ Yes ____ No
If yes, what?

8. Which of the following phrases best describes how you feel about the visuals (illustrations, photos, etc.) used in the skill sheet? (Circle one from each pair)

a. Visuals effectively support the message
b. Visuals do not effectively support the message

a. Visuals are relevant to the target audience
b. Visuals are not relevant to the target audience

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9. What, if anything, do you particularly *like* about the skill sheet?

10. What, if anything, do you particularly *dislike* about the skill sheet?

11. Which of the following groups (audiences) do you feel this skill sheet is addressing? (Check one)
____ All adults
____ All adults but especially older people
____ Only older people

12. How responsive do you feel older people will be to the message contained in the skill sheet?
____ Very responsive
____ Somewhat responsive
____ Not responsive
Why do you feel this way?

13. Which of the following phrases best describes your opinion of this skill sheet *in terms of how older people are likely to view it*? (Circle one in each group)

a. Very informative
b. Somewhat informative
c. Not very informative

a. Very easy to understand
b. Fairly easy to understand
c. Not so easy to understand

a. Very encouraging in tone
b. Somewhat encouraging in tone
c. Not particularly encouraging in tone

a. Very realistic
b. Somewhat realistic
c. Not particularly realistic

a. Very appealing
b. Somewhat appealing
c. Not particularly appealing

a. Very motivating
b. Somewhat motivating
c. Not particularly motivating

14. How could the message in this skill sheet be improved?

15. Based on what you know about the older target audience, are there any other comments you want to make about this skill sheet?

THANK YOU FOR YOUR TIME. PLEASE RETURN THE QUESTIONNAIRE AND SKILL SHEET TO _____ IN THE ENCLOSED, SELF-ADDRESSED, STAMPED ENVELOPE.

Standard PSA Pretest Questions

1. **Main Idea Communication/Comprehension**
   What was the main idea this message was trying to get across to you?

   What does this message ask you to do?

   What action, if any, is the message recommending that people take?

   In your opinion, was there anything in the message that was confusing?

   Which of these phrases best describes the message?
   ____ Easy to understand
   ____ Hard to understand

2. **Likes/Dislikes**
   In your opinion, was there anything in particular that was worth remembering about the message?

   What, if anything, did you particularly like about the message?

   Was there anything in the message that you particularly disliked or that bothered you? If yes, what?

3. **Believability**
   In your opinion, was there anything in the message that was hard to believe? If yes, what?

   Which of these words or phrases best describes how you feel about the message?
   ____ Believable
   ____ Not believable

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4. Personal Relevance/Interest

In your opinion, what type of person was this message talking to

Was it talking to
____ Someone like me
____ Someone else, not me

Was it talking to
____ All people
____ All people but especially (the target audience)
____ Only (the target audience)

Which of these words or phrases best describes how you feel about the message?
____ Interesting
____ Not interesting

____ Informative
____ Not informative

Did you learn anything new about (health subject) from the message? If yes, what?

5. Other Target Audience Reactions

Target audience reactions to messages can be assessed using pairs of words or phrases or using a 5 scale. The following is an example of how this is done.

Listed below are several pairs of words or phrases with the numbers 1 to 5 between them. I'd like y indicate which number best describes how you feel about the message. The higher the number, the m you think the phrase on the right describes it. The lower the number, the more you think the phrase o left describes it. You could also pick any number in between. Now let's go through each set of words tell me which number best describes your reaction to the message.

Too Short 1 2 3 4 5 Too Long
Discouraging 1 2 3 4 5 Encouraging
Comforting 1 2 3 4 5 Alarming
Well Done 1 2 3 4 5 Poorly Done
Not Informative 1 2 3 4 5 Informative

Is there anything in the message that would bother or offend people you know?

6. Impressions of Announcer

Please select the one answer from each pair of phrases which describes your feelings about the ann

____ Believable
____ Not believable

____ Appropriate to the message
____ Not appropriate to the message

____ Gets the message across
____ Doesn't get the message across

Appendix D
How to Design a "Theatre" Style Test for PSAs

Summary

This television PSA pretesting methodology is a modified version of the theater-testing techniques used by commercial advertisers. Here is how it works:

Individuals typical of your PSA's target audience are invited to a conveniently located meeting room. The room should be set up for screening a television program. Participants should not be told the real purpose of this gathering, instead, that their reactions to a television program are being sought.

At the session, participants watch a television program. The program can be any non-health, entertaining 15-30 minute (approximately) videotape. The videotape is interrupted about halfway through by a sequence of four commercials. Your test PSA should be inserted between the second and third commercials (as indicated in the diagram below).

At the end of the program, the meeting host (you or one of your colleagues) asks participants to write in their answers to questions designed to gauge their reactions to the program. Then the host asks about the advertisements participants saw. Then, your test PSA is played again, by itself, and the host asks participants specific questions about their reactions.

Preparing for the Pretest

Preparing involves:

1. producing the PSA in rough form
2. planning the pretest
3. preparing the questionnaire
4. recruiting respondents.

Step 1: Producing the PSA in Rough Form

The three most commonly produced forms of rough messages are "animatics," "photomatics," and "rough live action." If line drawings are used, the rough PSA is called an "animatic"; if photographs are used, the rough PSA is called a "photomatic." A "rough live action" message is produced by filming or videotaping an actual run-through of the script—using simplified sets, live actors, easily accessible locations, or simulated backgrounds (e.g., rear screen projection of the set). In each case, the videotape includes an audio delivery of the script.

The storyboard serves as the blueprint for producing animatics, photomatics or rough live action messages. When producing animatics or photomatics, the illustrations or photographs must be large enough and clear enough for videotaping. Each illustration or photograph should be at least 9" x 12" so that the camera can capture sufficient detail. Larger sizes also permit camera movement (e.g., moving left to right) within the frame to create a sense of motion or action.

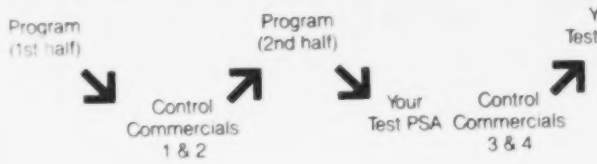
If you produce a photomatic, using slides projected on a screen allows you to create whatever size scene you want.

The more the rough message approximates final production quality, the more likely the pretest results will predict audience response accurately—the illustrations should be realistic, the characters should look like the characters you plan to use in the final spot, facial expressions should reflect the mood and tone of the script and the settings should be sketched in detail. If photographs are used, the pictures of people and places should be clear and should resemble those to be used in the final. Pay attention to the setting, wardrobe, props, the camera angle and perspective. Review the processed photographs and select the clearest ones for producing the rough message.

The video portion of an animatic or a photomatic is produced by videotaping each scene, frame by frame. Simulate motion by moving the camera in or out ("zooming"), left to right ("panning"), or up and down. Record the audio portion of the rough message and then edit to exactly the right length.

Finally, edit the videotape "to time" (30 or 60 seconds) using the soundtrack as a guide. The video and audio tracks are then "mixed" together to produce the rough message.

Videotape Sequence



Summary—Producing the Rough PSA

A. Animatics and Photomatics

1. Develop a storyboard.
2. For photomatics, arrange talent, location setting and props.
3. Record video portion frame by frame.
4. Record audio portion and edit it "to time."
5. Edit videotaped footage "to time."
6. Mix audio and video tracks.

B. Rough Live Action

1. Develop a storyboard.
2. Arrange talent, location, settings and props.
3. Rehearse the spot.
4. Videotape (with sound) the rough live action.

If you decide to videotape live action instead of pictures, use nonprofessional actors (e.g., friends or coworkers) to enact the script in a setting that closely approximates that to be used in final production. The visuals and the sound should be recorded at the same time. To minimize the number of times the live action must be taped, the actors should rehearse and the production crew should be briefed. A detailed production plan (discussed below) will guide the crew.

How can I keep rough message production costs down?

Animatics, photomatics and rough live action PSAs can be produced with the help of a professional production company, your agency's audiovisual staff, a local television station or a local college or university. The professional production company will probably be the most expensive option. The latter three options can be less expensive. For example, a local television station may donate its services for producing your spot. Or, a television production instructor may assist you at no charge (except for the cost of the videotape) by making production of your rough message a student assignment.

There are several ways to help control the costs and the production quality of your rough PSA.

1. Create a detailed production plan including:
   - What scenes will appear on the screen and in what order?
   - How long will each scene be on the screen?
   - What camera movements will be needed in each scene?
   - How will scenes be edited together (e.g., fades, dissolves or direct cuts)?
   - What portions of the soundtrack go with each scene?
2. Send your production plan in advance to the person who will be helping you, and have extra copies on hand at the production session.
3. Make sure your script and production plan for the rough message are complete and timed in advance.
4. Prerecord the audio track before the visuals are shot.
5. Make sure your illustrations, photographs and/or slides are in the right order when you arrive for the production session.
6. Finally, remember that you are producing a *rough* message. Save "perfection" for final production!

Rough message production costs may be reduced further by using amateur talent, friends or co-workers who can do a respectable job recording the PSA script. These same people may be used for photographs or in a rough live action spot. Shooting the visuals and recording the soundtrack on the same day also may save time and money. Finally, consider contacting a local radio station for recording the soundtrack—the station may provide their facilities free of charge or at a lower rate than a recording studio.

Animatics may be less expensive and quicker to produce than photomatics, since they are composed of artists' renditions. While you may have to buy the artwork, you eliminate costs for talent (actors), location setting (i.e., obtaining clearance to rent or use property), props and travel. However, drawings may not communicate the realities or subtleties of the visual portion of the message as well as photographs or rough live action. These drawbacks can be minimized by using a good illustrator and a good, clear soundtrack.

Photomatics may be more expensive than animatics, depending upon the cost of the photography. The availability of people who can represent the characters, the accessibility of an appropriate location, and the rate your photographer charges are the major factors that affect costs. These costs can be kept down by working with people who are readily available and by arranging all the details in advance. The major advantage of producing a photomatic over an animatic is that you can produce a more realistic and believable rendition of the final message. Compare the costs of an illustrator versus a photographer and factor in the logistics involved when deciding whether you should produce an animatic or a photomatic.

A rough live action message can be the least expensive way to produce your message in rough form, if:

- you are using amateur talent who can do a respectable run-through of the script;
- your script can be produced in a readily accessible location that does not require a lot of set-up time; and
- your production crew can videotape the run-through with a minimum number of "takes."

We recommend that you videotape rather than film the rough message for pretesting because editing and processing are usually less expensive. Home or studio video equipment can be used to produce any of the three rough message forms.

What do I do once I've produced the rough message?

You need to locate a dramatic or non-health documentary videotape to serve as the program to be "reviewed" by respondents. You may find a suitable program through your library, a free-loan service (ask your librarian) or you may tape a television program (try PBS for a program your respondents may not have seen). You'll also need to tape four non-health commercials from television.

The PSA pretesting program is interrupted about halfway through by a series of commercials. Insert two commercials, your test PSA, then two more commercials. Also edit your PSA onto the videotape about five seconds after the end of the test program (see the diagram on page 101).

Step 2: Planning the Pretest

The purpose of the pretest is to determine what improvements, if any, should be made before final production. To guide you in preparing the pretest questionnaire and in analyzing the results, write a clear statement of your message's objectives, the target audience and the main point or points your PSA is trying to get across. In addition, identify any special concerns you have about the PSA.

PSA producers often have certain concerns about target audience reac-

Summary—Advantages and Disadvantage of Rough PSA Types

Rough PSA Type	Advantages	Disadvantages
Animatic	□ Less expensive than others □ Fewer logistical arrangements □ No props required □ No location settings □ Easiest to produce	□ May not approximate script □ Needs artist who can render clear line drawings
Photomatic	□ More realistic than animatic □ Can be inexpensive and easy to produce if location, props, and actors are available	□ More costly than animatic □ More logistical arrangements than animatic
Rough Live Action	□ More realistic than animatic or photomatic □ Can be inexpensive if location, props, and actors are readily available	□ Many logistical arrangements, rehearsals required □ May be more difficult to make changes

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tions to their messages. For example, technical words or phrases could be confusing. Or, the characters in the spot could be perceived as unbelievable or inappropriate. Or the music could be a problem.

Now is the time to consider each element in the message that may affect audience recall, comprehension or other reactions, and to determine which of these concerns should be addressed in pretesting.

What are your specific objectives in testing this television PSA?
Fill out the pretest planning form on page 113 for the PSA you will be testing. Consult this form as you develop your questionnaire.

Step 3: Developing the Questionnaire
To gather useful information from the pretest, the questionnaire must be carefully constructed. It will contain four parts:

1. *Program Questions*—regarding audience reactions to the television program to be presented at the test session. All you need to do is copy the Part I questions from the Sample Questionnaire on page 115. Use it as page 1 of your questionnaire.

2. *Recall and Main Idea Communication*—three standard questions to assess your PSA's ability to attract attention and to convey its main point will appear on page 2 of your questionnaire. Again, simply copy the Part II questions from the Sample Questionnaire.

3. *Audience Reactions*—several standard audience reaction questions, and questions you will develop specifically for your test message.

4. *Demographics*—questions to record the characteristics of the participants (e.g., their sex, age, level of education, health status, etc.).

Each part of the questionnaire should be separated by a piece of paper telling respondents not to go further until they are instructed to do so.

Summary—Planning the Pretest

1. Write out message objectives, intended target audience, and main points.
2. Identify special concerns, e.g., technical words, believability, music.
3. Consider each message element with audience recall, comprehension or other reactions in mind. Decide which concerns take priority.

How does the questionnaire work?
After participants have viewed the television program and the commercial sequence, the meeting host asks the questions about the television program on page 1 of the questionnaire. These questions are asked because participants were told that the purpose of the test session is to get their reactions to a new television program. (In fact, page 1 can be discarded after the pretest session.)

After giving participants time to write their answers on page 1, the host reads aloud standard pretesting questions (Part II) and gives participants time to fill in their responses.

The first two questions measure "audience recall" or the ability of your message to attract attention. The third question is designed to measure the extent to which your message communicated its main idea or point. It is not enough for an announcement to be remembered; it must also communicate the key information to its audience.

The ideal results would be for everyone to recall seeing your PSA and to remember its main point. (Although the recall and main idea communication questions will yield information on the other messages in the commercial sequence, you will disregard that information when analyzing the pretest results.)

Once participants have completed page 2, the host should finish playing the VHS tape to show your PSA a second time. The host should then ask the main idea question again. (See Part III.) Usually more respondents will be able to describe the main idea following their second exposure, since the message is shown by itself and, therefore, is not competing with other messages.

In addition to completing the main idea question after their second exposure to the message, participants should be asked a series of questions to gauge their reactions to your message. It is up to you to decide which questions from the Sample Questionnaire you need to ask.

Why should you use the standard questions?
The standard recall and reaction questions should be incorporated into the pretest for two reasons. First, the questions address the most important measures of a message's potential effectiveness—i.e., whether it attracts audience attention and whether it conveys its main point.

Also, the use of standard questions allows comparison, because these questions were used in many pretests of television PSAs conducted by the Health Message Testing Service. The results of these previous pretests can be used as a guide to assess how well your message communicates. (See page 110 for comparisons.)

Why do I need to develop additional questions?
You should develop questions that address your special concerns about your PSA. For example, suppose your message asks viewers to call a toll-free number for more information. You may want to include a question that

Message Characteristics

_____ Use of music (with or without lyrics)
_____ Use of famous spokesperson
_____ Use of telephone number
_____ Use of mailing address
_____ Request for a particular action
_____ Instructions for performing a specific health behavior
_____ Presentation of technical or medical information
_____ Presentation of new information
_____ Promotion of a sponsoring organization or event
_____ Characters intended to be typical of the target audience
_____ Use of a voice-over announcer
_____ Presentation of controversial or unpleasant information

asks: "What action, if any, is the message recommending that people take?" A related question may be, "Did the telephone number appear on the screen long enough for you to write it down?"

How do I know what to ask?

It is best to develop one or more questions addressing each message characteristic in your PSA. The chart below lists various message characteristics which are commonly found in PSAs. Check those characteristics which apply to your test message.

Examples of questions for each message characteristic listed above are in Part III of the sample questionnaire. These questions are just examples—adapt the questions to your needs. Remember that the objective of pretesting is to uncover any problems with your PSA prior to final production. Any serious concerns you have about your message should be explored in pretesting.

How do I get the questionnaire ready for the pretest?

Once you have written your questionnaire, you are ready to make copies for the pretest participants. You will need a cover page that instructs participants not to open their questionnaires until they are told to by the meeting host. Place a cover sheet between each part of the questionnaire that instructs participants not to go further until they are told to do so by the meeting host.

Make extra copies of the questionnaire in case more people attend the pretesting session than you expect. For example, if you are expecting 50 participants, make 60 to 65 copies of the questionnaire.

Step 4: Recruiting Participants for the Pretest

Before recruiting respondents, identify the target audience for your message. These are the people you will want to recruit.

How many participants should be recruited?

This pretesting methodology is designed to provide qualitative, diagnostic information. Therefore, there is no statistical procedure for determining the sample size. The sample size should be large enough, however, to give you confidence that you have sampled a range of opinions. A reasonable and adequate sample size is 50 participants typical of your target audience.

If participants are to reflect a general audience, the sample should include a mix of men and women, representing a range in age, education and income levels. To achieve this variation, we recommend that participants be recruited from at least two different sources. If the message is intended for both a general audience and a specific target group (e.g., blacks), you should recruit two samples of 50 participants each.

To assure that 50 participants attend, you should over-recruit. That is, for every sample of 50 participants, recruit about 75 people. This is necessary because there are always participants who do not show up. Calling and reminding people the day before the test will help the attendance rate and will help you predict any problems with low attendance. If you choose a "captive" audience (e.g., seniors enrolled in a senior citizens center activities program, children in school or PTA members at their meeting), you may not need to recruit individuals, but just make arrangements with the organization.

An important consideration related to recruitment is the type of facility and the viewing arrangements you will be using. If you recruit all 50 participants to one test session, you will need at least two television monitors so that everyone can see the videotape. It may be necessary to set up two or more test sessions for smaller facilities. Be sure to choose a location that is convenient for your target audience.

How are participants recruited?

One technique that has been used successfully to recruit participants for pretesting health messages is to seek the cooperation of community groups such as civic, social or religious organizations whose members are typical of your target audience. Schools, health clinics and work sites may also be contacted for assistance in recruiting participants. These organizations usually have membership lists which can be used for

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recruiting purposes. This is especially useful if you need to recruit a specific target audience and you can identify an organization whose members match your needs. Also, members are more likely to participate as a gesture of their affiliation or for the benefit of their organization. A contribution of $25 to $50 is an attractive incentive for gaining a community group's cooperation. In addition, you may want to obtain a token gift from a local merchant to raffle as an extra incentive. Or you may provide small individual gifts or offer refreshments at the pretesting session.

The following list contains the examples of community groups with local affiliates throughout the country that you might consider contacting for recruiting participants.

Once you have identified potentially cooperative community groups, contact an official within the organization (e.g., the president or program director). While these initial contacts may be made by telephone, you should follow up your discussions with a formal written request for cooperation. The written request offers the opportunity to outline several important points, including:

- a description of your agency or organization
- a description of the PSA and its purpose
- details regarding the participants to be recruited
- an outline of the activities involved in the pretest
- incentives you are offering the organization and/or the participants
- a detailed explanation why the official should *not* reveal the true nature of the pretest to participants.

Once you have obtained cooperation, decide how participants will be recruited. One possibility is to conduct the pretest as part of the group's regularly scheduled meeting. In this case, all members who attend the meeting will participate in the pretest. The advantages of this approach are:

- relatively little extra effort is expended in recruiting participants
- participants may not have to be told about the pretest until they arrive at the meeting, thus minimizing the possibility of their learning about the true nature of the pretest
- their regular meeting facility, a convenient and familiar location, may be used to conduct the pretest.

If some meeting participants do not meet your screening requirements, their responses can be discarded later.

The disadvantages of this approach are:

- there is little control over the number of people who will come and over the composition of the group
- because the pretesting session lasts approximately one hour, it may be difficult to place it on the agenda of a regularly scheduled meeting
- a number of organizations arrange their programs many months ahead of time (it may be difficult to schedule the pretest within a reasonable time frame).

An alternative is recruiting the group's members to a special meeting. In this instance, members may need to be contacted and asked to participate either by someone from your agency or by someone from the community group. In either case, the members should be contacted in the name of or on behalf of their own group.

Community Organizations to Contact For Recruiting Participants

Women
YWCA
B'nai B'rith Women
Junior League
League of Women Voters
Parent Teacher Associations
National Council of Catholic Women
Church or synagogue groups
Women's business groups
Work sites or unions
Senior citizen centers

Men
YMCA
American Legion
Elks
Eagles
Jaycees
Knights of Columbus
Lions Club
Loyal Order of Moose
Rotary Club
Veterans of Foreign Wars
Local business groups
Work sites or unions
Senior citizen centers

Blacks
National Council of Negro Women
National Urban League
Parent Teacher Associations
National Association for the Advancement of Colored People
Church groups
Senior citizen centers
Work sites or unions

Teenagers
Schools (auditorium), or test as a part of a class

Summary—Requirements for Recruiting

- You need at least 50 participants.
- For a general audience, recruit a mix of men and women, with a range in age, education and income levels.
- Over-recruit—75 participants for every 50 desired.
- For a message intended for both a general audience and a target group, recruit two samples.
- Plan two or more test sessions if necessary.
- Recruit target audiences through civic, social or religious organizations, or through schools, clinics or work sites.

The major advantages of recruiting rticipants independently of sched- ed meetings are:

- he opportunity to screen partici- pants on relevant characteristics and to eliminate, in advance of the pretest, health professionals or other respondents who should not participate.
- since the entire "meeting" will be devoted to the pretest, participant fatigue is reduced.

Disadvantages of recruiting partici- nts for pretesting apart from a heduled meeting include:

- the amount of time and energy involved in contacting and reminding participants of the pretest.
- the necessity of locating special facilities for the pretest (if the regular meeting facilities are not available).

If participants are recruited by your gency, you will have more control ver what the participants are told bout the pretest, and you will be able o screen potential participants to ake certain that they fit any special udience characteristics. However, ecruiting participants takes a signif- cant amount of time, and it is possible hat people would be more likely to articipate if asked by someone whom hey know.

If participants are contacted by the member organization, it is essential that you provide the recruiter with detailed instructions for carrying out the task. These instructions must include a written description of the "disguised" pretest, which should be read to potential participants verbatim, and a questionnaire to screen participants on relevant characteristics (e.g., how many children they have, whether they have high blood pressure). A set of questions that can be used for screening participants and for identifying the characteristics of participants in the test session is included in Part IV of the Sample Questionnaire.

One way to disguise the purpose of the pretest is to tell participants they are being invited to screen a new television program and that their reactions are being sought by the producers. No reference should be made to the commercials or to the name of your agency, since this could bias their response and sensitize participants to the nature of the research before they arrive at the pretest session.

In pretesting health PSAs, health professionals should be excluded from participating. In addition, people who are familiar with your agency's program should not participate in the pretest, since their responses are likely to be biased.

Conducting the Pretest

Prior to the pretest session, go over the checklist below to be sure that your session will go as smoothly as possible. A rehearsal of the pretesting session at your own office is an excellent way to avoid any problems.

How do I conduct the pretest session?

The procedures to follow during the pretest session are relatively simple. The keys to a successful testing session are:

- having everything organized and in operating order before the session.
- being friendly and courteous to participants from the moment they arrive until they leave (remember to say "thank you").
- keeping calm and cool headed throughout the session.
- anticipating problems in advance.

The test session should take no more than an hour and 15 minutes if you are organized and well prepared. (See the end of this Appendix for a sample script for hosting the session.) Encourage participants to take a seat as they arrive, close the doors no later than 10 minutes after the scheduled starting time. When everyone is seated, introduce yourself by name only (assuming you are the host). Do not tell participants the name of your organization during the session because this might bias their responses to your test PSA. Thank participants for coming and assure them that the evening should be enjoyable—one in which they will have a chance to give their views to the producers of television program material. Discourage

Summary—Steps for Recruiting Participants

1. Identify community groups representative of your target audience.
2. Contact official in writing.
3. Decide whether pretest will be held at regular meeting or at special meeting.
4. If pretest will be held at special meeting, recruit participants individually, preferably through your own agency.

Checklist—Planning the Pretest

1. Is the pretesting videotape ready for use? Are the video and audio portions clear?
2. Is your videotape equipment—recorder and television monitors—functioning properly?
3. Is the meeting room or other facility set up? Is the room reserved for you? Are there enough chairs? Are extra chairs available in case more people show up than you expect? Do you need another TV monitor so that everyone will be able to see the program? Is the heat or air conditioning working properly? Do you know where the light switches are? If a microphone is needed, is it set up and functioning properly?
4. Have you made all the necessary staffing arrangements? Are your assistants definitely coming to the session? Do they have transportation and do they have directions for getting there?
5. Have you made enough copies of your pretest questionnaire? Is each questionnaire complete (with no pages missing)? Do you have pencils for participants? Will they need clipboards or pads?
6. Has participant recruitment taken place as scheduled? Did you call and remind them to attend? Do they have transportation and directions?
7. Has the host rehearsed?

participants from talking to one another during the session. Tell them you are interested in their own particular views and that there are no right or wrong answers. Also encourage them to write their answers clearly in the space provided.

After your introductory remarks, have your assistants hand out the questionnaires, pencils and clipboards, if needed. Turn on the video recorder and monitor to begin the test session.

Be attentive and watch for any problems with the sound or picture on the monitor. Be sure that the equipment is functioning properly throughout the program.

Be prepared to stop the recorder when the television program has ended. Introduce the questions, thanking the group for their help thus far. Tell them to open their questionnaires to the questions on the first page. Read each question and give respondents time to fill in their answers.

When the participants are through with page 1, tell them that before they leave, you would like to gather their reactions to the announcements that were shown during the program. Have them turn to page 2 and instruct them in how to fill out the questions about the advertisements. When they have completed these questions, tell the group that you have been asked to obtain their reactions to one of the ads in particular—the public service announcement.

Start the recorder. Be sure there is not too much lead tape before the message starts, to avoid an awkward pause in the session's pace. After your PSA has been played, tell participants to turn to the next page of the questionnaire and to write their answers to the remaining questions. Encourage them to answer every question and to avoid giving more than one answer except when this option is indicated on the questionnaire.

It is a good idea to circulate through the room to monitor progress and to be sure participants are not discussing their responses. Collect the questionnaires as participants finish.

Thank participants for their cooperation. If you have token gifts (e.g., pencils, cent-off coupons, half-price tickets or other favors from local merchants), distribute them to participants as they leave. Otherwise, mention that you hope the group enjoys the donation you have made to their organization.

Congratulations on conducting a successful pretest!

Summary—Conducting the Pretest

1. Be well prepared and organized.
2. Introduce yourself by name only, and express your interest in individual responses to television program material.
3. Pass out questionnaires, pencils and clipboards.
4. Play videotaped program, watching for any sound or picture problems.
5. Read each question on page 1 of the questionnaire, and allow time for participants to fill in answers.
6. Have respondents fill in page 2, following your instructions.
7. Play the PSA.
8. Have participants fill in remainder of questionnaire.
9. Collect questionnaire.
10. Give out gifts or favors.
11. Say thanks and mention your donation to their group.

Analyzing the Pretest Results

Analysis of the questionnaires involves two steps. First, tabulate or count how many participants gave each possible response to each question. Next, look for patterns in the responses and extract meaning from the numbers.

How do I tabulate closed-ended questions?

Closed-ended questions force participants to select a response from several alternatives. A quick method for tabulating or counting the number of participants who selected each possible response to each question is to use a *blank* questionnaire.

1. Take the first questionnaire and record the answers to each closed-ended question by making a check mark in the right hand column next to the appropriate response.
2. Repeat this procedure for every questionnaire.
3. Tally the total number of check marks and then calculate the percentage of participants who gave each response.

How do I tabulate open-ended questions?

Tabulating or counting responses to open-ended questions is more time-consuming. Open-ended questions allow participants to express themselves in their own words. For example:

- What did the message say?
- What did the message show?
- What was the main idea the message was trying to get across?

The easiest way to analyze these questions is to write each question at the top of a separate blank page (the "coding sheet"). Since participants are answering in their own words, the first step is to group the responses to each question into categories.

Group the responses to each question into three categories: correct, partially correct and incorrect. When categorizing the audience recall and main idea responses, use the PSA script and your own statement of the message's main points to guide the analysis. For some open-ended questions (e.g., "What, if anything, did you *like* about the message?" or "What, if anything, did you *dislike* ?"), you may wish to classify the responses as favorable or unfavorable.

How do I interpret the pretest results?

Once you have tabulated the responses to each question, your interpretation should be guided by the objectives you stated for your message on your pretest planning form.

Guidelines for interpreting responses to standard pretesting questions are listed on page 110. These guidelines are in the form of high, average, and low percentages (or scores) for certain standard pretesting questions.

The ranges are based on the results of 63 television PSA pretests. They can be helpful in comparing your PSA pretest to previous pretest results. This comparison should *not* be the sole basis of your analysis. Rather, the ranges should serve as guidelines. They are designed to help you extract meaning from the percentages you compute for your test PSA.

Ideally, your PSA pretest results will fall in the average or the high range, and not the low range. One or two low scores do not necessarily dictate revising the PSA. Prior to drawing any conclusions or making recommendations, you should analyze the results for every question.

This book cannot provide ranges or guidelines for the questions which relate specifically to your test PSA. Therefore, you will have to interpret the percentages on your own. Ask yourself how critical it is for the majority of participants to respond in a certain manner to each question. For example, if the test PSA communicates the main idea information through music, it is *very important* that a large majority report being able to understand the words to the music. Otherwise, the test PSA will not meet its communication objectives. On the other hand, if the music in the PSA serves as background sound, then it is not as critical for the lyrics to be understood.

It is important to examine how many responses to open-ended questions fall into each category (correct, partially correct or incorrect; favorable

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Table 1. Guidelines for Interpreting Responses to Standard Pretesting Questions

	High Score Range %	Average Score Range %	Low Score Range %
Attention/Recall (percent remembering seeing message after one exposure)	41 or higher	30-40	29 or lower
Main Idea (percent remembering main idea of message after one exposure)	36 or higher	25-35	24 or lower
Worth Remembering (percent indicating "yes")	76 or higher	60-75	59 or lower
Personally Relevant (percent indicating message is talking to someone like themselves)	66 or higher	50-65	49 or lower
Anything Confusing (percent indicating "yes")	9 or lower	10-20	21 or higher
Believable	91 or higher	75-90	74 or lower
Well Done	66 or higher	50-65	49 or lower
Convincing	71 or higher	55-70	54 or lower
Informative	76 or higher	60-75	59 or lower
Made Its Point	91 or higher	75-90	74 or lower
Interesting	66 or higher	50-65	49 or lower
Pleasant	66 or higher	50-65	49 or lower

or unfavorable). Ideally, the majority of responses will fall into the correct category. This pattern tends to confirm that the test PSA is meeting its objectives. On the other hand, if the majority of responses are categorized as partially correct or incorrect, the PSA may not be meeting your communication objectives.

At this point, look at the overall results:

- What was learned from the pretest?
- Did the PSA meet its communication objectives?
- What are the PSA's strengths? Weaknesses?
- Did the PSA receive a favorable and appropriate audience reaction?
- Did any answers to any particular question stand out?
- Should the PSA be revised?

The answers to these questions can be found in your analysis. However, it is no longer appropriate to look at each individual question.

Can I apply any statistical techniques to the data?

For example, can the findings be analyzed in terms of males vs. females, or younger participants vs. older ones? The answer is yes —but only if you boost the sample size to 50 participants from each group. If you recruit only 50 participants in total, the sample will be too small to be reviewed by subgroup. Comparing findings between small subgroups could be misleading and may result in faulty conclusions.

Do not try to make generalizations from the results of this pretest to PSA messages in general. Each PSA pretest you conduct will provide direction for making changes that might be necessary prior to final production and for improving the potential effectiveness of each particular message. The sample size and the methodology used do not allow for formulating definitive conclusions about what your message's impact will be after it is distributed.

Summary—Analyzing the Pretest

1. Tabulate how many participants gave each possible response to each question.
   a. Use check marks and percentages for closed-ended questions.
   b. Use categories ("correct/partially correct/incorrect" or "favorable/unfavorable") and percentages for open-ended questions.
2. Compare the results with HMTS pretest results, but use these as guidelines only.
3. Look for patterns across questions.
4. Compare results with your original objectives.
5. Decide whether to recommend changing the PSA or to keep it essentially the same.

Pretest Budget and Timetable

Timetable*		Budget**
		Out-of-Pocket Costs
Week	**Task**	
1	Produce rough message and transfer to pretest videotape	$1,000
1-2	Contact community organizations for recruiting participants	100***
2	Develop questionnaire	—
2	Begin recruiting participants	—
3	Identify and reserve facility for pretesting session	50
3	Rent video equipment	150
4	Pretest and revise questionnaire	—
5	Copy questionnaires	20
5	Conduct pretesting session(s)	—
6	Analyze results and write report	—
7	Make script changes based on pretesting	—
		$1,320

*The timetable presented here assumes that a health professional will have the assistance of a secretary and that the community organization is handling participant recruitment. The variable most likely to affect your pretest timetable is the amount of time needed to recruit participants.

**The out of pocket costs are estimates and do not include the cost of your time working on the pretest. Costs will vary depending upon your rough message production costs, the number of community organizations you work with, whether or not you need to rent a facility or equipment, and your internal resources.

***Reflects a donation of $2 per participant recruited for the pretest.

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Pretest Planning Form

1. What is the communication objective of my PSA?

2. Who is the target audience?

3. What is the main or overall point I am trying to communicate to my audience with this spot?

4. What other important points do I want the viewer to remember from this PSA? (List these in order of importance below.)

5. What special concerns do I have about this PSA (e.g., reactions to the characters, music, technical words, setting, etc.)?

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Sample PSA Pretest Questionnaire

Part I
Thank you for watching this program. One of the reasons it was shown tonight was to get your reaction to it—to see what parts you liked and what parts you didn't like.

1. Was there any part of the program that you especially liked?

2. Was there anything about the program that you disliked?

3. Please indicate your overall reaction to the program by circling one of the phrases below:
   a. A great program, would like to see it again
   b. A pretty good program
   c. Just so-so, like a million others
   d. Another bad program

4. Would you recommend the program to your friends? Why or why not?

Part II
For each commercial that you remember seeing, please write down what the message said and what the message showed on the dotted lines. Write down the main idea each message was trying to get across on the solid lines.

	a) What did the message say? b) What did the message show?	What was the main idea each message was trying to get across?
1.	a)	
	b)	
2.	a)	
	b)	

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3. a)

b)

4. a)

b)

5. a)

b)

Part III

Listed below are the standard reaction questions we recommend you include in your questionnaire.

1. This evening you saw a public service announcement. Now that you have seen the message twice, please tell us what you think was the main idea of the message?

2. In your opinion, was there anything in particular that was worth remembering about the message?

   a. Yes
   b. No

   2a. If yes, what was worth remembering?

3. In your opinion, what type of person was this message talking to?

   a. Someone like me
   b. Someone else, not me

   3a. If someone else, why?

4. In your opinion, was there anything in the message that was confusing or hard to understand?

   a. Yes
   b. No

   4a. If yes, what was confusing?

5. We would now like you to describe the public service announcement. From each pair of words or phrases, please circle the one which you feel best describes the message.

a. Believable
b. Not believable

a. Well done
b. Not well done

a. Convincing
b. Not convincing

a. Made its point
b. Didn't make its point

a. Interesting
b. Not interesting

a. Pleasant
b. Not pleasant

a. Informative
b. Not informative

Following are sample questions for each message characteristic discussed in Chapter 2. Feel free to adapt these questions to your needs, or develop your own questions. Make sure your pretest questionnaire covers all aspects of your PSA.

Use of Music:

1. Please circle the one answer from each pair which better describes your feelings about the music in the message.

a. Appropriate to the message
b. Not appropriate to the message

a. Effective in getting the message across
b. Not effective in getting the message across

a. Could understand the words to the music
b. Could not understand the words to the music

2. Overall, how would you describe the music in the announcement?

a. The music fit the message
b. The music did not fit the message
c. I don't remember the music

Use of Famous Spokesperson:

1. Which of the following best describes _____ (name of spokesperson), the announcer in the public service message?

a. Singer
b. Actor
c. Comedian
d. Athlete
e. Don't know

2. Please circle the one answer from each pair of phrases which better describes your feelings about the announcer, _____ (name of spokesperson).

a. Believable
b. Not believable

a. Appropriate to the message
b. Not appropriate to the message

a. Gets the message across
b. Does not get the message across

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Use of Telephone Number or Address:

1. The phone number (or address) was on the screen long enough for me to remember it or write it down.

   a. Agree
   b. Disagree
   c. Neither agree nor disagree

Request for a Particular Action:

1. What did the announcement ask you to do?

   _____

   _____

   _____

Instructions for Performing a Specific Health Behavior:

1. Please circle one answer from each pair of phrases which better describes your feelings about the instructions regarding _____ (fill in behavior) in the announcement.

   a. Clear and easy to understand
   b. Confusing, hard to understand

   a. I would be able to perform _____ (fill in behavior) after seeing this announcement.
   b. I would not be able to perform _____ (fill in behavior) after seeing this announcement.

Presentation of Technical or Medical Information:

1. The announcement presented technical (or medical) information. Please select one answer from each pair of phrases which better describes your feelings about the information.

   a. The announcement did a good job of presenting technical information.
   b. The announcement did a poor job of presenting technical information.

   a. I understood all the terms in the announcement.
   b. I had difficulty understanding the terms in the announcement.

Presentation of New Information:

1. How much, if any, of the information in the announcement was new to you?

   a. All of it
   b. Most of it
   c. Some of it
   d. None of it

2. Overall, how useful was the information in the announcement to you?

   a. Very useful
   b. Somewhat useful
   c. Not very useful
   d. Not useful at all
   e. Don't know/not sure

Promotion of a Sponsoring Organization:

1. From among the following choices, please indicate the organization which sponsored this message. (Include your organization and fill in appropriate alternatives.)

   a. CARE
   b. Baylor College of Medicine
   c. Save The Children Foundation
   d. Don't know/Not sure

Characters Who Are Supposed to be Typical of the Target Audience:

(The word "characters" in these questions could be substituted with "man," "woman," "family," "children," etc.)

1. Which of the following statements better describes the characters in the announcement?

   a. The characters in the announcement reminded me of people I know.
   b. The characters in the announcement did *not* remind me of people I know.

2. Overall, how would you describe the characters in the announcement? Please select one response from each group.

   a. Realistic
   b. Not realistic

   a. Helped me to understand the message
   b. Did not help me to understand

3. Overall, how would you describe the characters in the announcement? Please select one answer from each group.

   a. Appealing
   b. Not appealing

   a. Get the message across
   b. Do not get the message across

   a. Believable
   b. Not believable

   a. Easy to understand
   b. Not easy to understand

Use of a Voice-over Announcer:

1. Please circle the one answer from each pair of phrases which better describes your feelings about the announcer.

   a. Believable
   b. Not believable

   a. Appropriate to the message
   b. Not appropriate to the message

   a. Gets the message across
   b. Does not get the message across

   a. Easy to understand
   b. Hard to understand

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Presentation of Controversial or Unpleasant Information:

1. Some people have mentioned different feelings they had during or after watching the announcement. Please circle the opinion which comes closest to yours.

   a. The announcement made me uncomfortable and I had difficulty paying attention to it.
   b. The announcement interested me so I paid attention to it.
   c. I had no particular feeling about the announcement.

2. Overall, how do you think most people would feel about this announcement if they saw it on television at home?

   a. Suitable to show on television at any time.
   b. Suitable to show, but only at certain times.
   c. Not suitable to show at any time.

Listed below are sample questions to be used for identifying the characteristics of your pretest participants. Some of these questions also may be used as screening questions to recruit participants from a specific target group.

1. What is your sex?

   a. Male
   b. Female

2. What is your age?

   a. Under 18
   b. 18-24
   c. 25-34
   d. 35-44
   e. 45-49
   f. 50-54
   g. 55-60
   h. Over 60

3. How far did you go in school?

   a. Eighth grade or less
   b. Some high school
   c. High school graduate
   d. Some college
   e. College graduate

4. Do you have children?

a. Yes (go to question 4a)
b. No (go to question 5)

4a. Please circle the age categories in which your children belong. Circle as many as apply.

a. 1-5 years old
b. 6-10 years old
c. 11-15 years old
d. 16-20 years old
e. 21 and over

5. Which of the following statements best describes you?

a. I currently smoke.
b. I used to smoke, but have now stopped.
c. I have never smoked.

6. Have you ever been told by a doctor or a nurse that you have . . .

a. Heart disease
b. High blood pressure
c. Cancer
d. Emphyzema
e. Other

7. To the best of your knowledge, have you ever been exposed to . . .

a. Asbestos
b. Other toxic chemicals
c. Etc.

8. Which of the following best describes your race or ethnic background?

a. White
b. Black
c. Hispanic
d. Asian
e. Other

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Script for Hosting the Theater Test

Introduction

Good evening. I'm _____ and I'd like to thank you all for coming today (tonight). I think we're all going to have a good time. Just a few more words of introduction and we'll get started. We've asked you here because we feel that it's very important to get *your* ideas about new television program material. So consider this your chance to give the TV program producers your opinions . . . *before* the program gets to your home screens.

Keep in mind that what we're interested in is your own personal views. We don't want you to tell us what *you* think we want to hear or what your spouse thinks or anyone else—we need *your own* opinions.

There are no right answers and no wrong answers. So, please don't discuss the program or your answers with the people around you.

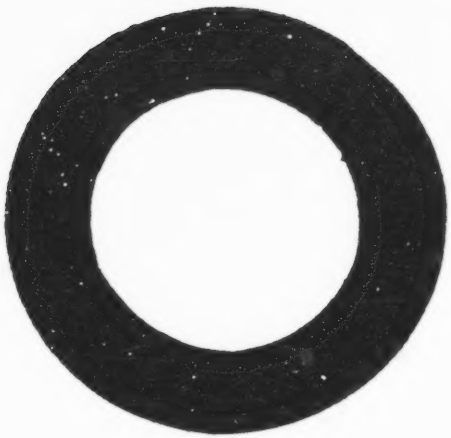
Also, please make sure that you write your answers clearly in the space provided on the questionnaire we've given you, and be sure that you don't move to each new section of the questionnaire until I tell you to.

Do you have any questions about this procedure? I'll answer any other questions you have at the end of the test session. Okay? Now enjoy the show.

(Play the pretesting program videotape)

Reactions to the Program

All right. Now we'd like to find out about your reactions to the program—what parts you liked and what parts you didn't like. Now, I'd like you to turn to the first page of the questionnaire and answer the questions. Please don't go on to the next page until I tell you to.



Appendix E
Glossary

Attention. A pretesting measure to describe a message's ability to attract listener or viewer attention; this is often called "recall."

Attitudes. An individual's predispositions toward an object, person or group, which influence his or her response to be either positive or negative, favorable or unfavorable, etc.

Baseline study. The collection and analysis of data regarding a target audience or situation prior to intervention.

Central location intercept interviews. Interviews conducted with respondents who are stopped at a highly trafficked location that is frequented by individuals typical of the desired target audience.

Channel. The route of message delivery (e.g., mass media, community, interpersonal).

Closed-ended questions. Questions that provide respondents with a list of possible answers from which to choose; also called multiple choice questions.

Communication concepts. Rough art work and statements that convey the idea for a full message.

Communication strategy statement. A written statement that includes program objectives, target audiences, an understanding of the information needs and perceptions of each target audience, what actions they should take, the reasons why they should act and the benefits to be gained. This document provides the direction and consistency for all program messages and materials.

Comparison group. A control group randomly selected and matched to the target population according to characteristics identified in the study to permit a comparison of changes between those who receive the intervention and those who do not.

Comprehension. A pretesting measure to determine whether messages are clearly understood.

Convenience samples. Samples that consist of respondents who are typical of the target audience and who are easily accessible, not statistically projectable to the entire population being studied.

Diagnostic information. Results from pretesting research that indicate the strengths and weaknesses in messages and materials.

Focus group interviews. A type of qualitative research in which an experienced moderator leads about 8 to 10 respondents through a discussion of a selected topic, allowing them to talk freely and spontaneously.

Formative evaluation. Evaluative research conducted during program development. May include state-of-the-art reviews, pretesting messages and materials, and pilot testing a program on a small scale before full implementation.

Frequency. In advertising, is used to describe the average number of times an audience is exposed to a specific media message.

Gatekeeper. Someone you must work with before you can reach a target audience (e.g., a schoolteacher) or accomplish a task (e.g., a television public service director).

Goal. The overall improvement the program will strive to create.

Impact Evaluation. Research designed to identify whether and to what extent a program contributed to accomplishing its stated goals (here, more global than outcome evaluation).

In-depth interviews. A form of qualitative research consisting of intensive interviews to find out how people think and what they feel about a given topic.

Intermediaries. Organizations, such as professional, industrial, civic, social or fraternal groups, that act as channels for distributing program messages and materials to members of the desired target audience.

Objective. A quantifiable statement of a desired program achievement necessary to reach a program goal.

Open-ended questions. Questions that allow an individual to respond freely in his or her own words.

Outcome evaluation. Research designed to account for a program's accomplishments and effectiveness; also called "impact" evaluation.

Over-recruiting. Recruiting more respondents than required to compensate for expected "no-shows."

Polysyllabic words. Words that contain three or more syllables.

Pretesting. A type of formative research that involves systematically gathering target audience reactions to messages and materials before they are produced in final form.

Probe. Interviewer technique used to solicit additional information about a question or issue. Probe should be neutral (e.g., "What else can you tell me about _____?") not directive ("Do you think the pamphlet was suggesting that you take a particular step—such as changing your diet?")

Process evaluation. Evaluation to study the functioning of components of program implementation; includes assessments of whether materials are being distributed to the right people and in what quantities, whether and to what extent program activities are occurring, and other measures of how and how well the program is working.

PSA. Public service announcement, used without charge by the media.

Qualitative research. Research that is subjective in that it involves obtaining information about feelings and impressions from small numbers of respondents. The information gathered usually should not be described in numerical terms, and generalizations about the target populations should not be made.

Quantitative research. Research designed to gather objective information from representative, random samples of respondents; results are expressed in numerical terms (e.g., 35 percent are aware of X and 65 percent are not). Quantitative data are used to draw conclusions about the target audience.

Random sample. A sample of respondents in which every individual of the population has had an equal chance of being included in the sample.

Reach. In advertising, used to describe the number of different people or households exposed to a specific media message during a specific period of time.

Readability testing. Using a formula to predict the approximate reading grade level a person must have achieved in order to understand written material.

Recall. In pretesting, used to describe the extent to which respondents remember seeing or hearing a message that was shown in a competitive media environment, usually centers on main idea or copy point recall.

Segmentation. Subdividing an overall population into homogeneous subsets of target audiences in order to better describe and understand a segment, predict behavior, and formulate tailored messages and programs to meet specific needs. Segments may be demographic (e.g., age, sex, education, family life cycle), geographic (e.g., Southeastern U.S., rural, north side of town) or psychographic (e.g., personality, lifestyle, usage patterns, risk factors, benefits sought).

Self-administered questionnaires. Questionnaires that are filled out by respondents themselves, mailed directly to the respondent, or filled out by respondents gathered at a central location.

Social marketing. A discipline that addresses an issue with particular regard to those affected by it (the target audience), considering their perspectives and perceived wants and needs, to develop strategies toward change.

Summative evaluation. Evaluation conducted to identify a program's accomplishments and effectiveness; also called outcome or impact evaluation.

Target audience. The desired or intended audience for program messages and materials (see segmentation). The *primary target audience* consists of those individuals the program is designed to affect. The *secondary target audience* is that group (or groups) that can help reach or influence the primary audience.

Appendix F
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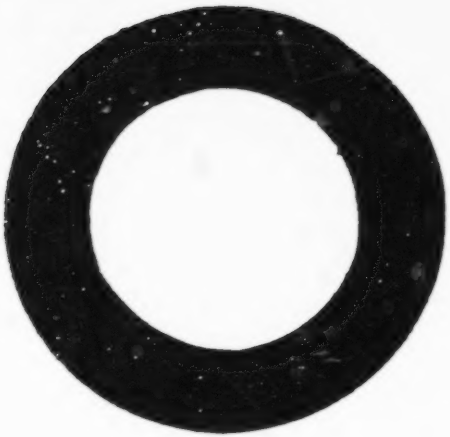

Appendix G
Comment Form

We would appreciate any comments or suggestions you have about this guide; such suggestions will be used in preparing future editions of the publication.

1. How much of this book did you read?
   All of it ___ Some of it ___ Did not read it ___

2. If you read *some* of the workbook, please mark which chapters you read.
   ___ Introduction
   ___ The Health Communication Process
   ___ Stage 1: Planning and Strategy Selection
   ___ Stage 2: Selecting Channels and Pretesting
   ___ Stage 3: Developing Materials and Pretesting
   ___ Stage 4: Implementing Your Program
   ___ Stage 5: Assessing Effectiveness
   ___ Stage 6: Feedback to Refine Program

3. Did you find the workbook to be
   ___ very useful ___ somewhat useful ___ not useful?

4. Please circle those chapters listed above that you found most useful.

5. How have you used this book? (check as many as apply)
   ___ Personal Reference
   ___ Student Instruction
   ___ Staff Development
   ___ Library Resource
   ___ Other _____

6. Your job title? _____

7. Affiliation or employer? _____

8. How might this handbook be improved? _____
   _____
   _____

Thank you.

Please send to:

John Burklow
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Building 31, Room 4B43
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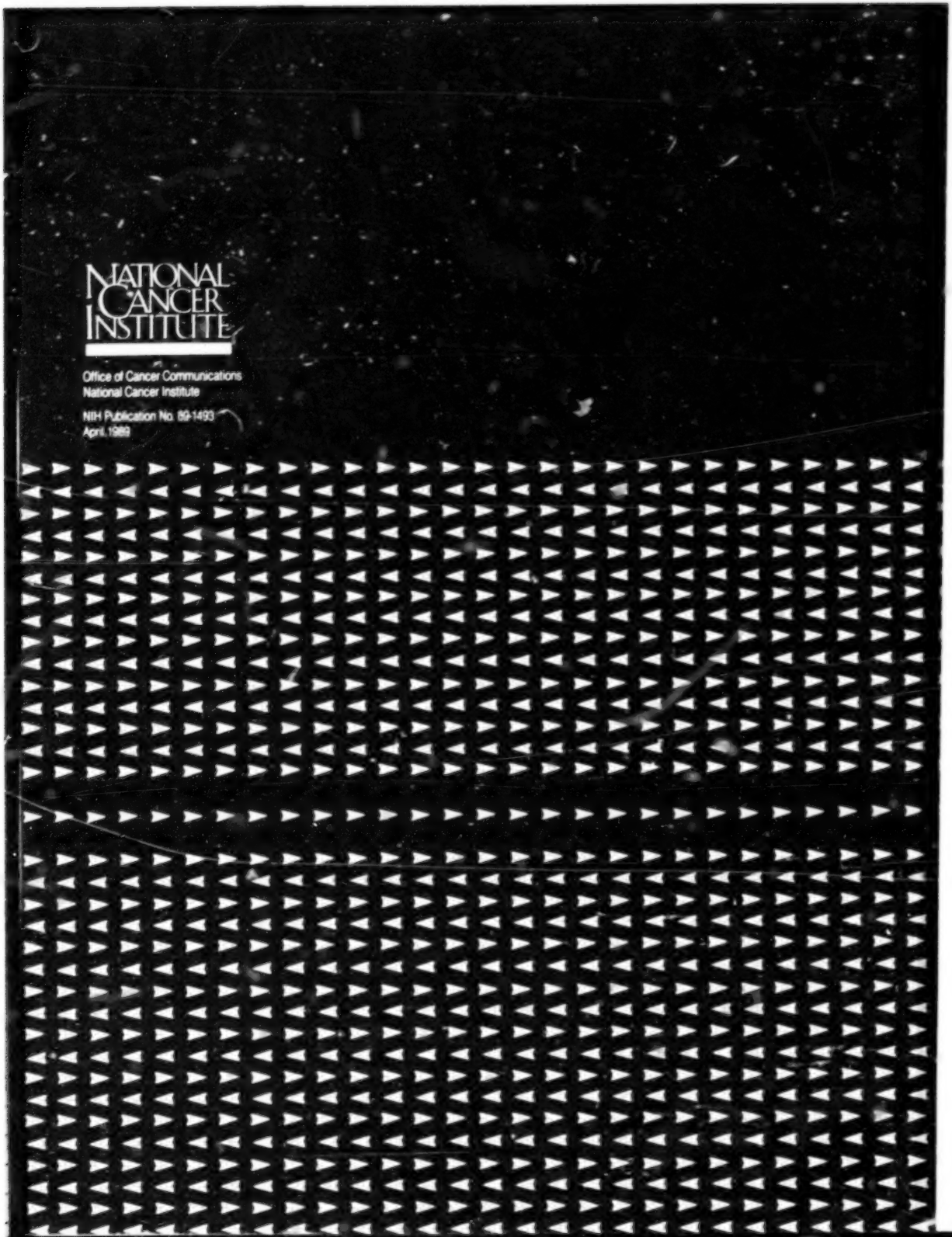

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